The Commitment and Detention of the Insane in the United States

REPORT OF A COMMITTEE TO THE NATIONAL CONFERENCE OF CHARITIES IN BUFFALO, JULY 7, 1888

By STEPHEN SMITH, M.D.
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REPORT ON THE COMMITMENT AND DETENTION OF THE INSANE.

Committee.— Stephen Smith, M.D., New York; Fred. H. Wines, Springfield, Ill.; A. O. Wright, Madison, Wis.; Henry M. Hoyt, Philadelphia, Pa.; Richard Gundry, M.D., Catonsville, Md.; F. B. Sanborn, Concord, Mass.; M. D. Follett, Columbus, Ohio.

Preliminary to the preparation of the following report, the Committee issued to superintendents of asylums and to persons known to be interested in the care of the insane the following inquiries: —

Commitment.— 1. Give the number of cases, and the facts in each case, of the commitment of sane persons as insane within your personal knowledge, exclusive of those suffering from the immediate effects of intoxicants and narcotics. 2. What modifications of the present procedures of commitment to your asylum would, in your opinion, give greater security against the liability of committing sane persons as insane, and yet secure the commitment of the insane requiring asylum treatment and custody at the earliest practical period, and with the least disturbance and hardship to patients and friends?

Detention.— 1. What are the conditions and methods of discharge of patients from your asylum? 2. What is the number of inmates of your asylum who no longer require asylum care, either for the employment of remedial means or for protection of the public? 3. What are the causes or conditions which operate to render it, in your opinion, necessary or expedient that this class should be no longer detained in your asylum? 4. What measures, in your judgment, could be wisely adopted to remove this class from your asylum, and provide for them, elsewhere and otherwise, suitable care and protection? 5. What modifications, if any in general, of the present procedures for the discharge, removal, or furlough of inmates would, in your opinion, conduce to their welfare?

The replies which have been received to this circular contain a mass of evidence too important to be simply analyzed and presented in brief form. The answers are therefore published in full, as an appendix to this report. The Committee is under great obligations to its correspondents, and has freely availed itself of the many sug-

gestions contained in their communications in formulating the several propositions which form the body of this report.

In the preparation of the report, the Committee has sought to arrange the several topics in a somewhat connected series of propositions, each being followed by a brief argument, sustained by notes embodying the opinions of recognized authorities. It is believed that, by this arrangement, the several subjects are presented in the form best adapted for discussion : —

I. The Commitment of the Insane by Civil Procedure.

I. *The right to deprive the insane of their personal liberty is based on the law of the status of the individual.*

It is regarded as a maxim of law that status is the basis of personal rights. The right of status, or condition, is regarded as founded on a universal jurisprudence, or *jus gentium*.[1]

The status of the insane has varied at different periods, because at no time have jurists been able to agree upon a basis which received even general consent. This is perhaps not surprising, when it is remembered that the most advanced students of psychology have not been able to fix the status of the disease known as insanity. They have not as yet, indeed, been able to classify the forms of the disease, or even to decide upon a universally acceptable definition of the term "insanity."

At an early period of English jurisprudence, the status of the insane, as regards property rights, was the same as that of natural fools ; and they were treated accordingly. Again, only furious maniacs were recognized as insane persons ; and, under the law of status, they could be restrained of personal liberty without affording any necessary foundation for an action of false imprisonment. At common law, any person might confine a dangerous lunatic as a matter of common right ; and even an assault committed to restrain the fury of a lunatic was justifiable. Finally, the insane were regarded as sick persons, without the judgment to take proper measures to regain health.[2] This being the present status of the insane in England, care

[1] Ordronaux, *Judicial Aspects of Insanity.*

[2] This change is due to the advanced position which the public sentiment of England has taken, as expressed in her lunacy laws. It is stated by a high authority that, "upon the whole, it appears that the power to restrain and confine a lunatic is limited at common law to cases in which it would be dangerous, either as regards others or himself, for the lunatic to be at large ; but that the power to place and detain a lunatic in a registered hospital or licensed or other house, under an order and medical certificates duly made and obtained in accordance with the provisions of the Lunacy Acts, is not so limited."— D. P. Fry, *Lunacy Acts.*

and treatment enter as important factors of the question of commitment.[1]

The principles, therefore, governing commitment not only include the common law right of confining the insane who are dangerous to be at large, but the more humane obligations to secure to them proper "care and treatment." In many States, these principles are practically recognized; and we must regard them as representing the most advanced opinions of alienists and essential to the proper treatment of the insane, with a view to their restoration to society.

II. *No insane person should be deprived of his liberty, unless restraint is necessary, expedient, beneficial, or remedial.*

It does not follow because a person is insane[2] that he should be committed to custody. It is demonstrable that there are persons[3] in nearly every community who might technically be adjudged insane,[4] and yet who are good citizens in the sphere which they occupy, and have the most undoubted right to their personal liberty. Again, there are many insane persons who are so well cared for by their friends that it would be a manifest injustice to remove them to a custodial institution.[5] Laws relating to commitment should therefore require not only that the certificates should establish the fact of insanity, but should contain an explicit recommendation for confinement for

[1] "By the universal practice of the country, sanctioned by the Commissioners in Lunacy, the recent statutory law is taken as superseding or supplementing the common law, and that, without defining insanity or prescribing any specific grounds on which a patient may be detained as a lunatic, clearly enacts that 'care and treatment' are the chief objects of his detention; and his being dangerous is nowhere made a *sine qua non*."— CLOUSTON, *Mental Diseases*.

[2] It has been well stated that "lunacy is a term of too variable a significance to permit such a latitude of construction to be put upon it as that of assuming that every lunatic is necessarily dangerous to himself or to others."— ORDRONAUX, *Judicial Aspects of Insanity*, p. xxxviii.

[3] Many persons are insane in a medical and even in a legal sense, yet have so much self-control left, or their mental peculiarities are so slight and harmless, that they are not proper persons to be detained under care and treatment. The basis of commitment, therefore, must be "care and treatment."

[4] Some authors specify the forms of insanity which do not require restraint. Thus, Hammond excepts the forms embraced in (1) his class of perceptional insanities, comprehending the forms of illusions and hallucinations; (2) the form of intellectual subjective, morbid impulses, in the class of intellectual insanities; (3) the form of abanlomania, or paralysis of the will, in the class of volitional insanities. He remarks, "There is nothing in pure, uncomplicated cases of any of these forms of mental derangement which requires the treatment of a lunatic asylum, or which would warrant any interference with the full rights of the individual." In his opinion, these forms of insanity would be aggravated by confinement in an institution; for the persons affected by them "are perfectly aware of their morbid condition, and they generally look forward with horror to a possible termination within the walls of an asylum."

[5] "A man does not necessarily come under the cognizance of the lunacy laws because he happens to be a lunatic He may be a lunatic for years, and may be tended and restrained in his own house, or in that of a relative or friend, provided that his own friends or relations take care of him, and take care of him properly."— BLANDFORD, *Insanity and its Treatment*.

good and sufficient reasons; and the facts on which it is based should be statutory.

III. *It is necessary to commit to custody the insane who perpetrate acts dangerous to themselves, to the public, or to property.*

As already stated, the common law,[1] in an early period of English jurisprudence, recognized the necessity of committing to custody, by summary process, the furious maniac. Any person might confine a dangerous lunatic as a matter of common right. The statutes of the States[2] generally recognize this common law principle. But the question has been raised as to the proper limitation of the word "dangerous." An authority[3] on the judicial aspects of insanity is disposed to regard the ordinary interpretation of the word as too vague, and having no proper limits; that it expresses little or much according to the ideas of the individual judge who decides it. In his opinion, it is not so much a question as to his liability to do violence to himself or others as it is to the dangerous nature of his malady as regards his own future mental welfare. He cites a decision of a competent court[4] which seems to sustain the view that, in the commitment of the insane, it is not so much the dangerous character of the insane which should determine the question of commitment as the curability of their diseases if submitted to asylum care and treatment. This is certainly a most enlightened view of the subject, and one that should be fully recognized in all of the States. It supplements the common law right of arresting persons committing crime, by requiring that, in the case of the insane criminal, the more important question be considered of curing his mental malady.

IV. *It is expedient to commit to custody the insane who show by threats, or otherwise, dangerous tendencies or uncontrollable propensities toward the perpetration of crime.*

While it is necessary to the public safety, as well as to the safety of individuals, to confine the insane who commit acts of violence, it cannot be considered otherwise than expedient to confine the insane who, by threats, make it reasonably certain that in some moment of

[1] Blackstone's Comm. 4, 25.

[2] The earliest legislation in relation to the insane, in the State of New York, provided that "persons who, by lunacy or otherwise, are furiously mad, or are so far disordered in their senses that they may be dangerous to be permitted to go abroad," may be apprehended by any two or more justices of the peace, and kept safely locked up in some secure place, and if necessary may be chained there.

[3] ORDRONAUX, *op. cit.*

[4] DAVIS *v.* MERRILL (47 N.H.).

frenzy they will perpetrate acts of violence.[1] Not all insane persons who threaten violence are dangerous; but, in all cases where violence is threatened, it is important that the conditions under which the patients live, and the varying states of mind to which their disease renders them liable, should be discriminated, that no mistakes may be made.[2]

V. *It is beneficial to commit the insane to custody who are disposed to wander about, and on this account suffer for want of food or shelter, or expose themselves to accidents, and who cannot be properly restrained under the conditions in which they live, or who are ill-treated or neglected by their relations or friends.*

There are insane persons who may be regarded as harmless, but who require custody for their own protection. They are usually of the laboring class of people, who live on the border line between self-support and indigence. Their chief propensity is to wander about in an aimless manner, and they are constantly subjected to the vicissitudes of the life of vagrants. Such insane persons should be placed in confinement for their own comfort and protection. There are still other insane persons who are confined by their friends at home, but are treated cruelly or are neglected. In these cases, the law should require the interposition of the proper authorities, and the removal of the person to a suitable asylum.[3]

VI. *It is advisable to commit those insane to custody for remedial purposes whose disease is in such a stage that the restraint, discipline, or*

[1] "The dangers incident to insane persons are much greater than is commonly supposed. . . . It is worthy of note, too, that many of these acts, even those of peculiar atrocity, are often committed by individuals who, with all their obvious mental infirmity, had previously been regarded as perfectly harmless."—KIRKBRIDE, *on Hospitals for the Insane.*

[2] On this subject Blandford remarks: "Do not, as is so often the case, go on till something dreadful occurs. The bench of judges will take care that you are held blameless in such a case, whatever prejudiced juries may think."—*Insanity and its Treatment.*

[3] The English statute requires that "every constable and every relieving officer and overseer of any parish, who shall have knowledge that any person wandering at large (whether or not such person be a pauper) is deemed to be a lunatic, shall immediately apprehend such person and take him before a justice; and upon its being made to appear to any justice, by information on oath of any person whomsoever that any person wandering at large is deemed to be a lunatic, he shall on an order under his hand and seal require any constable or relieving officer or overseer of the parish to apprehend him, and bring him before such justice or some other justice." The same provision is made in regard to any person, not a pauper and not wandering at large, who is deemed a lunatic, and is not under proper care and control, or is cruelly treated or neglected by any relative or other person having the care or charge of him. If, on proper examination, the facts are proved, and the insane person is fit to be removed, he is committed to an asylum or licensed house. An English writer remarks, "If the lunatic is not taken care of by his own friends, or if they neglect him, and he is found to be wandering at large or improperly confined or maintained, then the Lunacy Acts reach him." . . .—BLANDFORD, *Insanity and its Treatment.*

therapeutical measures of an institution will tend more effectually to secure recovery than the conditions under which they live.

The right as well as the obligation to confine persons belonging to the three preceding classes will not be denied. But a different opinion prevails, when it is proposed to confine the insane for purely remedial purposes. It is alleged that only the insane who are classed as dangerous in the sense of perpetrating acts of violence can be restrained of their liberty. While it is true that some of the courts of England have quite persistently held to the old dogma that only a person of unsound mind and dangerous to himself or others may be restrained of his liberty by another, yet the Lunacy Commissioners [1] maintain a more liberal view, which undoubtedly represents the public sentiment of that country.[2] The same enlightened views of the care of the insane prevail in most of the States, and are sustained both by legislation [3] and the decisions of the courts.

It may now be regarded as an established legal principle in the more enlightened and advanced communities that the right to confine an insane person in an asylum is an incident belonging to his treatment.[4] A competent authority has proposed to reconcile the term "dangerous" as formerly employed, when applied to the insane, to this more recent view of the obligations of the State for their proper custody and care. It is true that, if the common law could take cognizance of no other class of insane persons save those who are violent in demeanor or destructive in propensities, it would certainly fail to protect a large portion of the insane in every community; for the most helpless class would receive neither recognition nor protection.

[1] They state that "the object of the Lunacy Acts is not so much to confine lunatics as to restore to a healthy state of mind such of them as are curable, and to afford comfort and protection to the rest."— *Letter of the Commissioners in Lunacy to the Lord Chancellor.*

[2] The commissioners also emphatically declare that "it is of vital importance that no mistake or misconception should exist; and that every medical man who may be applied to for advice on the subject of lunacy, and every relative or friend of any lunatic, as well as every magistrate and parish officer, should know and be well assured that, according to law, any person of unsound mind, whether he be pronounced dangerous or not, may legally and properly be placed in a county asylum, lunatic hospital, or licensed house, on the authority of the preliminary order and certificates prescribed by the acts."— D. P. Fry, *Lunacy Acts.*

[3] "Said judge shall call one respectable physician, and fully investigate the facts of the case; and, if satisfied after such examination that the disease is of such a nature *as may be cured*, he shall issue a provisional order."— *Laws of New Jersey.*

[4] "Where there is no legal guardian, the law intrusts it to the relatives and friends of an insane man to place him in an asylum in proper care; nor, to justify them in placing him there, is it necessary that such insane person should be dangerous. If it is proper that he should be placed there, because his case requires treatment in the asylum, *with a view to cure*, or because his insanity is of such a character as to make it improper that he should remain in his family or neighborhood, or for any other cause, the relations and friends may place him there."— Davis *v.* Merrill (47 N.H. 208).

No hospitals or asylums would be open to them, because, if insane, they could not voluntarily commit themselves to their keeping, and, if not violent and dangerous, there would be no legal right to confine them possessed by any one. He proposes, therefore, to construe the term "dangerous" as applied to the nature of the disease and its effects upon the individual.[1] It would be far more consistent, however, if the laws of the several States recognized in terms the several conditions stated in this paper as precedent to the act of commitment, and required that the order of the committing judge should specify the particular ground on which the order is issued.

VII. *The procedure for the commitment of the insane should be so planned and executed as to secure their early removal to a curative hospital with the least possible disturbance of themselves or friends, and with adequate protection from wrong.*

It is the universal experience of alienists that the chance of recovery from insanity is in inverse ratio to the length of time which the disease has continued.[2] Hence, the necessity of early treatment.[3] It follows that those methods of securing commitment which present the fewest obstacles, with proper security of the rights of individuals, are the best. Two factors make a legal commitment,—namely, (1) the proofs of insanity, and (2) the order of a judge. To obtain proofs of insanity, there must be a personal examination of the alleged insane by competent physicians. The results of this examination sworn to are the basis of the decision of the judge. If the proofs are satisfactory, he is justified in making the order for commitment; and the procedure is complete. While it is important that those pro-

[1] "The only proper way in which to put it is to ask how dangerous to the present and future mental welfare of the individual his insanity is; in other words, whether he needs such treatment as is afforded alone in an asylum, and is therefore a proper person for care and treatment therein. If so, then no matter whether he be quiet and harmless; for it is still the duty of society to protect him against the consequences of a disease both dangerous to him and to others. The proper test in all cases is the dangerous nature of his disease, not the dangerous character of his demeanor alone. Hence, the right to confine him, if necessary, is an incident in the treatment of his malady, which the State may permit in virtue of that discretionary power of guardianship which arises by implication of law from the *capitis diminutio* of the citizen."— ORDRONAUX, *op. cit.*

[2] The percentage of recoveries on duration of insanity is given as follows in two asylums of New York: —

Less than six months, 47.07; less than one year, 45.16; one year and over, 10.41.— *Report State Lunatic Asylum.*

Less than six months, 54.94; between six months and one year, 29.12; between one and two years, 23.79; between two and five years, 16.71; over five years, 8.22.— *Report State Homœopathic Asylum.*

[3] The Earl of Shaftesbury, in his evidence before the Royal Commission, regarded early treatment as so important that he deprecated any formalities in the process of commitment which were likely to make friends delay, as too great publicity.— *Report Royal Commission*, 1877.

ceedings should be conducted so quietly as not to expose the insane to unnecessary irritation and excitement, the successive steps should be taken with that precision which will secure a right judgment and assure the friends and the public that sane persons cannot, designedly or by mistake, be committed.

VIII. *The initial step in the process of commitment should be taken by the immediate relatives or friends of the patient in the form of a written application for examination; but any person having knowledge of an insane man wandering at large, or dangerous, or improperly treated, should give information of the fact to the proper officer.*

It is often a question of great importance to determine who shall take the initial step to secure the commitment of the insane. As the several acts in the procedure are to be carefully guarded by the constant supervision of a justice or judge, it may be assumed that there could be no conspiracy among the relatives of the insane to his injury successfully carried out. Relatives and friends are most familiar with the condition of the insane, and it is to be presumed that they will be the most anxious parties to benefit him. There must, however, be instances where the information necessary to secure the action of a justice or judge should be given by any one cognizant of the facts. The provision for such information by a citizen should exist. The practice in the States varies very much. In many, the application for examination must be made under oath; in others, only information is required; and, in still others, it takes the form of a suggestion.[1]

[1] The practice in the several States is as follows: Ariz. (Ter.), an application of any one under oath; Ark., some reputable citizen files a written statement; Cal., an affidavit of any one; Col., any reputable citizen files a complaint; Conn., a selectman applies for admission of the insane person to an insane asylum; Dak. (Ter.), application in writing under oath of any one; Del., relatives or friends; Fla., a suggestion of any one; Ga., petition of any person on oath; Idaho (Ter.), petition under oath of any relative or friend; Ill., petition by a near relative or any respectable person; Ind., statement upon oath in writing of a respectable citizen; Iowa, application upon affidavit of any one; Kan., information in writing by any one; Ky., no provision; La., petition and oath of any individual; Me., complaint in writing of any relative or justice of the peace; Md., when any person is alleged to be insane; Mass., any person may apply for commitment of a lunatic; Mich., any person may make application; Minn., information filed by any one; Miss., application by friends or relatives; Mo., some citizen of the county must file a statement; Mont. (Ter.), application under oath of any person; Neb., information by any one; Nev., application under oath of any one; N.H., petition of any person; N.J., request signed by applicant; N.Y., application by any one; N.C., some respectable citizen; Ohio, some resident citizen of county files an affidavit; Ore., any two householders; Penn., any person may request admission or detention; R.I., complaint under oath in writing of any one; S.C., no provision for information; Tenn., some respectable citizen files a statement. Tex., parent or legal guardian or near relative or friend; Utah (Ter.), application under oath of any person; Vt., no provision; Va., any justice may act; Wash. (Ter.), application under oath of any person; W. Va., any justice may act; Wis., application in writing of any respectable citizen; Wy. (Ter.), information in writing by any one.

IX. *The application should be made to a judge of a court of record,*[1] *when practicable; but, if delay would thereby result, the application should be made to any justice of the peace.*

It is always desirable that there should be as little delay as possible in completing the details of commitment; and yet every stage should be orderly and with judicial sanction. It would be very inconvenient and attended with much delay oftentimes, if the complaint must first be lodged with a judge of a court of record. Justices of the peace, however, are always convenient, and can receive and act upon the complaint with perfect propriety.[2]

X. *Upon receiving such application, the judge or justice should forthwith by an order, in writing, direct two qualified physicians personally to examine the alleged insane person and report, under oath, the results of such examination, with their recommendation.*

The medical evidence is one of the most important features in the process of commitment. The fate of the insane person turns upon the ability of the medical examiner rightly to determine whether or not he is suffering from insanity. There should, therefore, always be some grade of qualification of the examining physicians. It is not wise to commit the insane on the certificate of a person who writes the word "Doctor" before his name. It is essential that he should be a graduate of a legally chartered medical college, to insure proper education, and that he should have been in practice at least three

[1] "What special powers are necessary to constitute a court of record has at times given rise to much discussion, and the question can generally be decided only by referring to the source of the origin of the court and the character of its jurisdiction. The authorities in this State [New York] favor the recognition, as courts of record, only of such tribunals as have attributes and exercise functions independently of the person of the magistrate designated generally to hold them, and whose proceedings are according to the course of the common law. Such courts are, properly speaking, courts of general jurisdiction, and may assume powers by implication; while courts not of record are of inferior jurisdiction and strictly confined to the authority conferred upon them by statute."— ORDRONAUX, *op. cit.*

[2] The committing officers of the different States are as follows: judge of a probate court, Alabama, Arizona, Arkansas, California, Connecticut, Idaho, Kansas, Michigan, Minnesota, Montana, New Hampshire, Ohio, Utah, Washington Territory, Wyoming Territory; county judges and jury, Colorado, Illinois; county courts, Missouri, Oregon, Pennsylvania, Texas; commissioners of insanity, Dakota Territory, Iowa, Nebraska; chancellor of the State, Delaware; judge of the Circuit Court, Florida; the ordinary appoints a jury of twelve men, Georgia; two justices of the peace, Indiana, North Carolina; one justice of the peace, Tennessee, Virginia, West Virginia; any court having equity jurisdiction and a jury, Kentucky; district or parish court, Louisiana, Nevada, New Mexico; municipal officers of towns form a board of examiners, Maine; Circuit Court of county and the Criminal Court of Baltimore, with a jury, Maryland; judge of the Supreme Judicial Court, or Superior Court in any county, judge of the Probate Court, or of a police, district, or municipal court, Massachusetts; Chancery Court, Mississippi; judge of Court of Common Pleas, New Jersey; judge of a court of record, New York; trial justice or clerk of a justice court, Rhode Island; trial justice and two licensed physicians, South Carolina; two physicians, Vermont; judge of a county or Circuit Court, or of any court of record, Wisconsin.

years, to insure experience. He should also be a permanent resident of the State. These qualifications should be properly certified to before a judge of a court of record, and be filed in the county clerk's office. Every physician who has these general, yet necessary, qualifications would become an examiner in lunacy, and thus there could be no inconvenience to the public in requiring a certification of the physician's qualifications.[1] While these are the general qualifications essential to make a physician a competent examiner in lunacy, the statute should provide that no such qualified physician should certify to the insanity of a person for the purpose of committing him to any asylum with which the physician is officially connected.[2] Although there can be no just reason for excluding a physician, qualified as proposed, from this act because he is related to the person, yet, as a guarantee of impartiality, it is prudent that near relationship should be a bar to the act of medical certification.

The examination should be personal, to render it valid,[3] and should consist of two parts: (1) what is learned by the examiner on personal examination; (2) what is learned from the relatives and friends. This should be accompanied with a specific statement of the reasons for recommending commitment, and the entire findings should be subscribed to under oath.

XI. *If a justice of the peace issue the order, he should personally visit the alleged insane person;*[4] *and, on receiving the sworn certificates of the two physicians, he should certify to their correctness, and immediately forward them to a judge of a court of record.*[5]

[1] In the State of New York, the applicant presents a petition to a judge of a court of record and deposes that he is a graduate of a certain college, incorporated in a given State, a permanent resident of the State, and has been in the actual practice of his profession for a certain number of years, and that his reputable character is vouched for by two citizens whose certificates are annexed. The judge certifies that the petitioner is personally known as a reputable physician, and possessed of the qualifications required by law. This certificate is filed in the court or in the county clerk's office.

[2] This is the law of England and of many States.

[3] The English law and that of several States require that the physicians shall visit the person separately. There is no good reason for this provision. On the contrary, it would be more in accordance with the practice of physicians to require that they should visit together, and consult over the case.— Clouston, *op. cit.*

[4] The law of Indiana requires that application should be made to a justice of the peace. This justice, "together with another justice of the peace and a respectable practising physician, other than the medical attendant of the person alleged to be insane, who shall be selected by the aforesaid justice of the peace, and who shall reside in the proper county, shall immediately thereupon visit and examine said person alleged to be insane." . . .

[5] The procedure in California is not unlike that here proposed,— namely, a peace officer may take the first step; but the alleged insane person must be taken before the judge of a court of record for examination. The statute is as follows: "Whenever it appears by affidavit to the satisfaction of a

Although a justice of the peace may initiate proceedings, a judge of a court of record should pass upon the certificates of the physicians, and conduct the case to its termination. This is important, in order to give the character and dignity of judicial sanction to the act of determining the necessity of commitment as well as to the order of commitment itself. He should also be required to visit the patient personally, as he can do so without inconvenience or delay. By this act, a larger degree of security is given to the proceedings.

XII. *The judge may or may not visit the alleged insane person, or require him to be brought into court; and he should state in the order of commitment whether or not he saw him; and, if he did not see him, he should give the reason therefor.*[1]

Whenever practicable, it is important that the judge should himself see the alleged insane person. The insane always regard their commitment as a court proceeding; and hence those who can appreciate the steps taken, by which they have been placed in custody, bitterly complain if they do not see the judge. In many instances, the condition of the insane is such that it is of no consequence whether they are personally seen or not by the judge. In the former cases, it is very important that the judge should personally see the person; in the latter, it is not. But the statement should appear in the commitment paper whether or not he did see him, and, if he did not, the reason of the omission of this part of the proceeding.

XIII. *The judge may or may not take further testimony, and he may call a jury, but, in either case, if satisfied that the person is insane, and that the reasons given for his commitment are just and right, he shall make an order committing said person to the custody of the keeper or superintendent of the institution adapted to the particular conditions of the case.*

As the responsibility for the commitment rests finally and solely upon the judge, it is important that he should have the largest measure of evidence as to the insanity of the person and as to the neces-

magistrate of the county that any person within the county is so far disordered in his mind as to endanger health, person, or property, he must issue to some peace officer for service a warrant, directing that such person be arrested, and taken before any judge of a court of record within the county for examination."

[1] This provision is in harmony with the law of Massachusetts, which provides as follows: "And said judge shall see and examine the person alleged to be insane, or state in his final order the reason why it was not deemed necessary or advisable to do so."

sity of placing him in custody. Ordinarily, the testimony of the examining physicians must prove satisfactory; but there may be circumstances rendering it expedient that the judge should make further inquiries, and take more testimony. The question of summoning a jury should be determined solely by the judge, for it is to aid him in reaching a just conclusion. In considering the question of the existence of insanity, the presence of a jury is not only not required, but is often an embarrassment which defeats the ends of justice, and causes harm and suffering to the insane. In aiding the court to form a correct opinion, a jury could not be of service in any case where commitment was recommended by qualified physicians for the care and treatment of the insane. In such a case, the judgment of a jury would be valueless. It could only be in criminal cases that a jury would be useful in determining matters of fact which were neither medical nor legal. The order of the judge directed to the keeper or superintendent of the custodial institution is very important, as it fixes judicial responsibility for the whole proceeding. It also has the effect of rendering the custodian personally responsible to the court for the faithful discharge of his duties. It is also important that the particular institution to which the person is sent should be adapted to his condition and necessities. It too often happens in many States that the insane are placed in institutions not intended or adapted to their care or custody, as when insane criminals are committed to asylums containing ordinary patients.

XIV. *On the conclusion of these proceedings and the completion of the order of commitment, the judge should cause the alleged insane person to be fully informed of the action about to be taken against him; and if said insane person, or his friends or relatives for him, demand that other testimony be taken or that a jury be called, the judge should act at his discretion, but, if he deny the motion, he should state the reasons therefor in the commitment. If the alleged insane person, or any friend in his behalf, be dissatisfied with the order, he may, within three days after such order is made, appeal therefrom to a justice of the higher court, who may, at his discretion, take further testimony, or call a jury. If the appellant is thus found to be sane, he shall forthwith be discharged; otherwise, the judge shall confirm the original order for his commitment.*

The propriety of notifying a person, alleged to be insane, of the proceedings which are in progress to secure his commitment, grows out of the sense of injury universally manifested by the insane who are not aware of the proceedings by which they were committed.

There is the liability that such a person would become excited, and either escape or commit acts of violence. But, if he is informed after the commitment papers are completed and the order made, he is already under legal control and necessary restraint. The formal trial of a person before a court and common jury to determine the existence of the disease, insanity, is one of the relics of the period, long past, when the insane were arrested, tried, and sentenced as criminals.[1] It has no relevancy whatever to the present purpose of the commitment of the insane, which, as we have shown, is to restore them to health, and meantime protect them and the public from the violence which is a symptom of their disease. Still there is about the process of commitment that semi-judicial aspect that impresses the insane and their friends with the belief that the procedure cannot be legal and complete, in all of its details, without the appearance of the alleged insane person in court, and before a jury, with full opportunity for defence. Useless and incongruous as is the trial of the issue of insanity by a common jury, the time has not yet come when it can be altogether eliminated from the procedure in securing commitment. But it certainly ought to be placed in a position where it is subordinate, and will be resorted to only at the discretion of the judge.

XV. *A person suffering from a nervous affection which is liable to terminate in insanity, and which, in the judgment of a qualified physician, could be more successfully treated in an asylum, should be allowed to commit himself voluntarily, on the certificate of such qualified physician setting forth the facts of the case.*

The discipline, care, and treatment, in asylums, of patients suffering from nervous affections which tend to insane conditions, have proved so beneficial that the question may well be determined in favor of the voluntary admission of persons duly certified, as herein required.[2]

[1] The power of juries to determine correctly the existence of insanity in obscure cases depends entirely upon the ability of the medical examiner in the case. Unaided by competent physicians, their verdicts, so called, are valueless as to reliability. The illustrations of the truth of these statements are numerous. The report of the State Lunatic Asylum at Utica, for 1872, shows that of those discharged fourteen were not insane when admitted. Three of these were cases of feigned insanity to escape punishment for crime, and the rest were drunkards whose vagaries and violence were mistaken for insanity. All of these were committed under public authority, and on certificates of insanity, after trial by jury.

[2] Dr. John B. Chapin, the able and experienced superintendent of the Pennsylvania Hospital for the Insane, says, "Several persons threatened with insanity have voluntarily placed themselves under the care of this hospital during the past year, and we have reason to believe serious results have by this course been averted."

It is a matter of every day's experience, of those connected with asylums, that many cases, probably curable at an early stage, are admitted too late to expect recovery. The delay has been due to the dislike of friends to have patients formally adjudged insane. In this prejudice patients often participate. But friends are very willing that their relatives should receive the care and treatment of an asylum, and to this patients generally freely assent, provided the admission is voluntary. Undoubtedly, a vast amount of benefit would thus be received by worthy persons, who, without such a provision in the management of asylums, will remain at home until their mental diseases become incurable.[1] The influence of such a regulation upon the public would be salutary; for it would remove the impression so general, that asylums have severe and unyielding rules and methods.[2]

XVI. *The insane should never be removed to an asylum surreptitiously, but should be taken from their homes to the asylum by skilled hospital attendants, of the same sex as the patient.*

One of the most constant and disturbing complaints of the insane in asylums is the deceit practised upon them in their removal from home. They are induced to leave home under various pretences, and the asylum is described to them as a hotel or a sanitarium. The effect of these deceptions upon the perverted sensibilities of the insane is most damaging. The friends do not realize the fact that the insane always believe that they are sane, and that, therefore, the effort to prove them insane must take the form of a conspiracy, beginning in their homes and among their friends. Every step in the procedure of commitment if conducted with the usual secrecy, more and more confirms them in the suspicion that they are the victims

[1] Voluntary patients have long been received into the Pennsylvania Hospital for the Insane. Of the benefits which they derive from early treatment Dr. Kirkbride, its former superintendent, and one of the most eminent men of his time in his special field, bears this emphatic testimony: "In the present day, many patients come willingly to hospitals for the insane; some travel long distances alone, and make their arrangements for admission; not a few, who were not originally willing to leave home, soon become sensible of the benefit they are receiving, and stay voluntarily; and many are restored in so short a time that their absence from their places of business is hardly longer than is required for a tolerable journey or than would result from a severe attack of ordinary sickness, and may scarcely excite remark even from those who are in the habit of meeting them."

[2] "The effect of stringent forms of commitment is to fasten upon the public mind the idea that asylums are but lunatic prisons, and that a person must be violent or dangerous or advanced to a certain stage, usually incurable, before he can be legally certified. Now that extreme measures have had a fair trial, would it not be worth an effort to bring the asylums back to what they were originally intended to be — curative hospitals — instead of allowing a few agitating persons still further influence in devising more stringent forms of commitment?" — Dr. John B. Chapin, *Communicated.*

of a wide-spread conspiracy[1] to deprive them of their personal rights, and by that means of other interests, as property. This suspicion becomes a fixed and unalterable belief when at last they find that the hotel to which they have been invited with many alluring promises is an asylum from which they cannot escape, while their friends return joyfully homeward. The well-contrived conspiracy at once takes on alarming proportions in the overstrained imagination of the insane, for they now discover that all of the asylum officials are parties to the intrigue. It is true that the friends have adopted what may seem to them the only course possible to enable them to remove the insane to an asylum; but a wrong is done to the insane, and their mental disturbance is greatly aggravated. The remedy suggested by the process of commitment herein outlined is applied when the judge who makes the order is required to cause the insane person to be properly notified of the nature of the proceedings taken in his case, and of his right of appeal for a further hearing.

XVII. *A duplicate copy of the commitment paper should be filed in the court over which the judge making the order presides, where it should remain inaccessible except on the order of a judge of a court of record.*

It has frequently occurred that the proofs of the commitment of persons as insane have had an important bearing upon the property rights of individuals nearly related, as well as upon the civil condition of the insane themselves. To provide against these and other disabilities which might arise, the commitment papers, duly authenticated, should be preserved in the archives of the court, which is the proper custodian of such records. And, to provide against undue exposure of the insane to the morbid curiosity of the public, these documents should be accessible only on the order of a judge of a court of record.[2]

XVIII. *The legal custodian of an insane person should report to the judge by whom the order of commitment is issued, quarterly, during the first year of confinement, and annually thereafter, as to the physical and*

[1] The late Dr. John P. Gray was accustomed to compel the friends to inform the patient that they had brought him to an insane asylum, before he would allow them to leave the building. His object was to prevent the patient from becoming prejudiced against the officials of the asylum as partners in the conspiracy by which he lost his personal liberty.

[2] In California, a copy of the order of the judge is filed with and recorded by the county clerk of the county. The clerk also keeps in convenient form an index book, showing the name, age, and sex of each person so ordered to be confined in the insane asylum, with the date of the order and the name of the insane asylum in which the person is ordered to be confined. In Ohio, the warrant for commitment is returned to the judge with the receipt of the superintendent thereon, and filed by him, together with the other papers in the case.

mental condition of the patient, with such recommendation as to his future care and custody as may be deemed necessary.

There is a manifest propriety in requiring a report, from time to time, as to the condition of a person deprived of his personal liberty on account of alleged mental disabilities, from his custodian to the judge who takes the responsibility of ordering his confinement. It is a presumption of law that the insane are always curable;[1] and, hence, it is necessary that the court should be properly informed of the progress of the disease in each individual person committed by its order. It would undoubtedly often be a source of great comfort to the relatives[2] of the patient if they could be informed regularly of his progress. This information is usually cheerfully given.

XIX. *Whenever the acute insane can be placed in the care of a suitable private family with competent attendants, and a qualified physician, this method of care and treatment should first be undertaken.*

The family care of the acute insane is advisable only when all of the conditions are favorable. As ordinarily practised by the friends of the insane in their homes, such care is generally very reprehensible.[3]

Not only are the insane not restored, but, by the delay in placing them under proper care at an early period, the disease remains uncured, and too often permanent. But such home care and treatment as are here advocated are altogether different, and worthy of trial when the conditions are all favorable.

The value of family care and treatment, when intelligently undertaken, as compared with that of an institution, lies in the fact that the individual associates only with the sane, and has a much larger degree of personal attention both from attendants and physician.[4]

1 Ordronaux, *op. cit.*, p. xxi.

2 The law of Minnesota provides as follows: "The superintendent of the Minnesota Hospital for the Insane is hereby required, on the first day of each month, to make out a report in writing, showing the condition of each patient in said hospital (separately) with reference to bodily health, appetite, sleep, mental symptoms generally, particular symptoms, mental state, habits, inclination, prospect of restoration, and shall forward by mail to the next of kin of each of such patients, respectively, a copy of such report, without charge, within the first week of each month."— *Section* 15. The law of Scotland requires that the commitment shall be for a fixed term, after which the insane are free, if they are not recommitted.

3 "The history of home treatment before the establishment of hospitals is one of the saddest records of inhumanity and cruelty to be found anywhere."— Dr. Kirkbride.

4 "Among the improvements yet to be made in the practical department of public asylums, arrangements for what may be called an *individualized* treatment are particularly required. None of those daily familiar with the events of asylums can duly appreciate the great effects of such treatment in special cases."— Dr. Conolly.

But great care should be taken in selecting the family. It is rarely found that the insane do well in the families of relatives and friends; and hence it is usually necessary to go quite beyond this circle, and to find suitable families among strangers. The families selected should have, if possible, some aptitude for the care of the insane, as a personal interest in this class. The members should be adults, and should have that moral and religious training which impresses these virtues upon the daily life of the household. The personal attendant upon the insane should be fully qualified by education, temperament, health, and experience to bring to bear upon the patient all of the resources of a well-trained mind. Such an attendant has often been able to subordinate the passions, the prejudices, and the delusions of an insane mind to his own will.[1] The physician should be fully qualified. Unfortunately, it is not always possible to find in every community physicians who have devoted any considerable time to the study of mental diseases, much less who have had a sufficient experience in their treatment. Finally, the form of mental disease affecting the patient, and the stage of progress which it has reached, are very important factors in the success of family care. It will frequently happen that the recent insane require the discipline and orderly life which characterize the asylum for their restoration.[2]

Family care and treatment of the acute insane must, therefore, always be limited, owing to the difficulty of meeting all of the conditions and the large expense attending the method, however it may be modified.[3]

II. The Detention of the Insane.

I. *The insane should never be committed to or confined in institutions not specially organized for their care, custody, and treatment.*

Modern science classifies the insane with the sick, but sets them apart from all other sick persons, both as to the nature of their diseases and the methods of treatment, care, and custody. They do not require the same remedies as other sick people, suffering from

1 "What is this *individualized* treatment but the influence of a sane mind peculiarly apt to address itself beneficially to the insane mind; that is, moral treatment, or, more strictly speaking, intellectual and emotional treatment?" — Drs. Bucknill and Tuke.

2 "Very often this simple change from home to an institution seems to be of itself sufficient to secure the beginning of convalescence, and not unfrequently the improvement in behavior and conversation is from the first most remarkable." — Dr. Kirkbride.

3 "The question of expense, therefore, limits efficient treatment of the majority of recent cases to institutions. If the patient is possessed of good means, there is no sufficient reason why the trial of private treatment should not be made." — Drs. Bucknill and Tuke.

any known affections. Their care is altogether different from that of the sick, as ordinarily understood, and requires a kind of skilled medical attendance, as well as care, quite unsuited to the wants of ordinary diseases. And, finally, the insane must be detained in custody, under legal forms and judicial sanction. These conditions inherent in the nature of insanity render the insane a unique class, and effectually separate them from every body of citizens. It follows that the insane, when properly taken care of, must be isolated from every other class of dependants requiring special care. They cannot rightly be placed in institutions with criminals, nor in hospitals with those sick of general diseases, nor in poorhouses with paupers. The institutions to which they are committed must therefore be organized and managed so as to meet the peculiar conditions and necessities of those who are to occupy them.[1]

II. *The insane in custody should be under the immediate care and treatment of qualified persons of their own sex.*

The proposition that the men in an asylum should have men attendants and men physicians meets with universal favor. There is a manifest fitness in this arrangement of the service that scarcely admits of an argument to prove its propriety, if not its necessity. Nor is the proposition that insane women should have qualified women attendants now questioned. The reasons in its favor are twofold, namely: (1) women attendants are, in general, as competent as male attendants; and (2) women attendants understand better than men the peculiar necessities and disabilities of their own sex. This argument is irresistible. If, however, we extend the proposition, and allege that qualified women physicians should have the exclusive charge of insane women, it usually meets with a prompt denial. And yet there is but one legitimate escape from the conclusion, and that is the allegation that there are no qualified women physicians. But this statement has no longer any weight. Women thoroughly qualified for these positions are now to be obtained simply by allowing fair competition in examinations.

III. *Institutions for the insane should be so planned and organized as to permit of the largest necessary classification of the patients, but the terms "chronic" and "incurable" should be avoided, if possible.*

It is a fact well attested by experience that recovery from insanity,

[1] "An insane asylum, whether State, county, or private, is not an ordinary hospital nor a reformatory, though partaking in a measure of both characters. All sick persons cannot be admitted to it, nor even all persons dangerous to themselves or to others."—ORDRONAUX, *op. cit.*

except in cases of organic disease of the brain, is largely influenced by the conditions which surround the patient. These conditions cannot be predicated altogether upon the form of disease present, but consideration must be given to such peculiarities as the mental, moral, and educational status of the individual; or age, sex, habits, and nationality; or occupation, tastes, social instincts.[1]

One of the most serious defects in the structures for the insane is the want of adequate wards or apartments for the isolation of patients, or classes of patients, whose improvement depends upon separate or individual care and treatment. Though the multiplication of buildings or apartments or wards must increase the machinery essential to management, and hence augment the cost, yet these features should be subordinate to the great purpose of the institution; namely, the cure of the insane. The most important feature, therefore, in the plans of an asylum is that which is designed to facilitate classification.[2]

The terms "chronic" and "incurable" should rarely be used in or about an asylum, nor customarily be employed to designate patients and divisions of the institution. The insane realize often acutely the significance of the terms, and are greatly disturbed and depressed by the belief that their cases have become hopeless when they are thus classed.

IV. *The department devoted to the more recent insane should by location, construction, and equipment furnish every condition and appliance essential to the recovery of the inmates.*

The vast importance of restoring the insane to mental health, both on the ground of humanity and economy,[3] justifies the employment of every practicable means to that end. It is the duty, therefore, of the State, in assuming the custody of the insane for the purpose of restoration, to provide every condition necessary to accomplish that object. The department for the recent insane should be so located as regards the other service as to remove the patients from all sources of irritation and disturbance, and to suggest to their minds

1 M. Parigot proposed to supply each patient with an attendant physician, and boldly claimed that by such constant and skilled medical care, and meeting every needed condition, few would fail of recovery.— *American Medical Times.*

2 Dr. Kirkbride advises "to have at least eight distinct classes of patients on each side; each class should occupy a separate ward." — *Hospitals for the Insane.*

3 "The cost of curing a case of insanity in a good hospital, and returning the patient to his family and to usefulness in society, is not, on the average, one-tenth of what it is to support a chronic uncured case for life." — KIRKBRIDE, *op. cit.*

quiet, order, and personal attention to their comfort and happiness. The surrounding scenery should be pleasing, and suggestive only of physical and mental repose. The buildings should be constructed so as to furnish every necessary variety of home and domestic life and influence, from the poor man's cottage to that of the average citizen. The equipment and appliances should comprise the best means of promoting the general health, such as a large, well-selected, but varied dietary; physical culture by suitable forms of bath, massage, gymnastics, riding, driving, boating; recreation by music, concerts, lectures; occupation by handy work at trades, gardening, farming. To these material appliances should be added what is perhaps more important in the curative department than any other condition, physicians competent to treat every form of insanity according to the latest teachings of science and experience, and qualified attendants thoroughly trained in the schools organized in asylums.

V. *The provision for the insane uncured after a reasonable time should be such as will give the best employment of the remaining useful faculties, the largest degree of personal liberty practicable, ample means for diversified and, as far as possible, compensated labor, and organized methods of instruction in useful branches of knowledge.*

It must be regarded as an established fact in the policy of a State that by far the larger number of the uncured insane will require care and custody during their lives. The great problem which confronts every State is, How can they be properly and yet most economically taken care of? To accomplish the objects mentioned in this proposition requires even a higher grade of intelligent supervision than does the management of the acute insane, though of a very different order. Every person still suffering from insanity is notable for the loss or perversion of function of some faculty or faculties, while other faculties remain intact or impaired. He is like the invalided soldier who is crippled for life by the loss of one limb and the impairment of others, but there still remain limbs or stumps which he can usefully employ if the requisite means or machinery is supplied, and the opportunity given. To organize the methods by which this large population can reach the highest development and most useful employment possible of their remaining faculties demands the most earnest and enlightened efforts of every State. When a person is pronounced incurably insane by competent authority, he should not be consigned to the useless and untenantable portions of an asylum for mere custody, nor to the poorhouse to eke

out a miserable existence with paupers. On the contrary, when the disease remains uncured, he should be taken in charge by skilled attendants, and transferred to a new home, in the life and industries of which he will find his appropriate place. This home of the uncured insane should take the form of a well-organized community, in connection with a curative hospital, or independently, having ample farming lands, with residences of great varicty, but not expensive in structure. This community should grow on the basis of self-support. While the cultivation of the farm should form the staple of labor and supply, yet the industries of an ordinary community, its schools, its church, and amusement hall, should form a prominent part. The methods of improving the condition of the insane when living under such an organization as is here sketched would be innumerable and need not be further noticed.

VI. *The correspondence of patients in asylums should be under the supervision of the superintendent, subject to the following rules: all letters to the committing judge, to a State board of supervision of institutions for the insane, and to managers of such institutions, should be sealed and mailed without reading; all other letters should be sent to their destination or be detained at the discretion of the superintendent, but each letter detained should be filed with an indorsement of the reasons for detaining it; these letters should be regularly examined by the managers, and by any State authority whose duty it is to examine into the management of the asylum.*

The necessity of supervision of the correspondence of the insane is obvious to any one who has been accustomed to examine their letters. There is always a class of insane persons who write letters unfit to be read by any one, and which, if the writers recover, are shocking to themselves. There are others who always write incoherently; still others direct their letters to names where there are no persons, or to post-offices which have no existence. There can be no doubt that letters of this kind should not be mailed. But there are other patients who always write in a fault-finding spirit, and detail the abuses to which they are, or fancy they are, subjected, or who constantly allege improper commitment and detention, and are clamorous for the intervention of legal counsel. These are the patients who chiefly complain of interference with their letters, and the public are very naturally impressed with the belief that their letters are suppressed by superintendents to prevent exposure. If the complaints of abuses are true, they should at once be examined and the wrong

should be rectified. But, if they are untrue, neither friends nor the public should be disturbed by their recital. It is to prevent a wrong either to the patient or the asylum that it is proposed to submit such letters to a supervising body, which can investigate the complaint and remedy in a summary manner the evil. The propriety of allowing the officers of the asylum to supervise the correspondence is found in the fact that the letters of patients afford a very reliable means of determining their mental condition. They often reveal, also, plots of crime, as homicide, suicide, and arson. With the proper checks applied, therefore, the supervision of the correspondence of the insane should remain with the medical officers of the asylum, with the provision for additional and independent oversight of their acts.[1]

VII. *Whenever, in the judgment of the custodian of an insane person, it would be safe and beneficial for such insane person to be absent on trial, a leave of absence, or furlough, should be granted in such manner and on such terms as will best secure that end.*

Furloughs, judiciously issued, are of great value to the insane in institutions. The patient who can be safely permitted, on certain stipulated conditions, to visit his friends or to go to a place for recreation or for business, is stimulated to exercise all his will force to control his actions and to prove that the confidence reposed in him is not misplaced. This is especially true when the length of time of the furlough depends upon good behavior. In the absence of all statutory power to furlough, it is held that superintendents may give furloughs to patients to absent themselves from the asylum grounds, provided such furloughs are necessary to the health of the patient and part of the means employed for his cure, by affording him change of air and surroundings and opportunities to test his powers of self-

[1] The English act provides that the letters of the insane to the commissioners and visitors shall pass unopened; all letters detained shall have the reasons for detention indorsed upon them, and be laid before the commissioners or visitors at their next visit.

In Iowa, the superintendent shall forward at least one letter weekly unopened to the visiting committee from patients who request it, and shall deliver all letters from the committee unopened.

In Maine, the superintendent must deliver all letters from the committee to the patients unopened and unread.

In Massachusetts, a locked box is placed in each ward, in which patients may deposit their letters; and the box is opened monthly by the State board, and the letters distributed.

In Pennsylvania, the insane may write monthly to any member of the committee on lunacy.

In Washington Territory, there is no censorship allowed over the correspondence of the inmates of insane asylums, except as to letters to them directed; "but their other post-office rights shall be as free and unrestrained as are those of any other resident or citizen of this Territory, and be under the protection of the same postal laws; and every inmate shall be allowed to write one letter per week to any person he or she may choose. . . . All these letters shall be dropped by the writers themselves, accompanied by an attendant, when necessary, into a post-office box provided by the Territory in the institution, in some place accessible to all the patients," etc.

guidance and control.[1] It is, however, important that asylum authorities should have the sanction of law for giving leave of absence, as in many instances managers refuse to grant furloughs altogether, owing to the absence of legal enactments on the subject. The patient is still in the custody of the superintendent, and may, if he escapes, be returned to the asylum without a fresh commitment.[2]

VIII. *There should be visitation and supervision of the insane in custody by competent authority, representing the State.*

No State system for the care of the insane can be considered complete in all of its details which does not provide for an independent supervision of all of the insane and of the institutions devoted to their custody.[3] This supervision should represent the sovereignty of the State in the relation of guardian to ward, and should be clothed with powers adequate to prevent wrongs and to secure the welfare of the object of its care.[4] This purpose can be effectually accomplished

[1] ORDRONAUX, *op. cit.*

[2] The furlough shou'd specify a definite time for his return; for an indefinite furlough is regarded as tantamount to a discharge, and new medical certificates, newly approved, would be required after the lapse of any long interval of time before the patient could be again legally confined in the asylum. ORDRONAUX, *op. cit.*

[3] The insane, in a sense that applies to no other class, except idiots, demand and are entitled to the guardianship of the State. In the very nature of their disease, they are separated from ordinary citizens in this, that they are not responsible for their acts nor capable of caring for themselves. "It has never been disputed," says Brown (*Jurisprudence of Insanity*), "that there was a necessity for class legislation with reference to the insane. The laws are laid down to guide the conduct of man among men. . . . Now, as there is a class of persons in the community who are not in a position at the same time to know the law and voluntarily do it or refrain from doing it, it is necessary to recognize the fact that the laws as addressed to the community are not applicable to them; and hence it arises that exceptional legislation is necessary for this class, or persons who are called insane." From an early period of English jurisprudence, persons of "furious mind" were classed with "fatuous" persons as regards the guardianship of their property by the crown; but, while the custody of the latter was intrusted to their nearest relatives, that of the former belonged to the crown, as having the sole power of coercing with fetters (*Scottish Lunacy Commission*). The same principle in some measure governs all modern legislation, and must continue to do so as long as insanity exists. The example of England in recognizing this principle and in creating its now famous Commission in Lunacy, the medium through which the crown exercises constant and most intelligent care over the humblest insane subject, is worthy of adoption by every civilized State. The law establishing this Commission has been very truthfully entitled the "Magna Charta of the liberties of the insane."—TUKE, *History of Insane in British Isles.*

[4] Connecticut has a Board of Charities, which inspects all institutions in which persons are detained by compulsiun, to ascertain whether their inmates are properly treated, and, to ascertain whether any have been unjustly placed or are improperly held therein, may examine witnesses and send for persons and papers, and correct any abuses found to exist.

Illinois has a Board of State Commissioners of Public Charities, empowered to inquire and examine into the government and management of institutions and into alleged abuses where the governor shall direct, and report the results to him.

In Iowa, the governor appoints a visiting committee of three, of whom one must be a woman. They are to visit insane asylums at their discretion, without giving notice, examine the wards without the presence of officers, have power to send for persons and papers, and examine witnesses under

only by completely separating these institutions and their supervision from all other classes of public charities and organizing them on a basis which secures direct and independent supervision by the State. It may be stated as a general proposition that, if institutions for the insane have governing boards, State supervision, as herein

oath, to ascertain whether any of the inmates are improperly detained or unjustly placed there, whether the inmates are humanely and kindly treated, with full power to correct any abuses found to exist. They have power to discharge any attendant or employee who has been found to have been guilty of misdemeanor meriting such discharge. In these trials, the testimony of patients shall be taken and considered for what it is worth; and no employee shall be allowed to sit upon any jury before whom these cases are tried.

Kansas has a State Board.

Massachusetts has a State Board of Lunacy and Charity, which may act as commissioners in lunacy, "and shall discharge any person so committed or restrained if in its opinion such person is not insane, or can be cared for after such discharge without danger to others and with benefit to himself."

Michigan has a Board of Corrections and Charities, which visits the insane and the institutions, and reports abuses to the governor.

In Minnesota, the governor appoints a "Lunacy Commission," consisting of three doctors, who shall serve a period of two years, whose duty it shall be to visit the several hospitals for the insane at least once every six months of each year, or upon the written request of the governor, and inspect them as to the sanitary condition and the general management, and also examine into the mental condition of the patients, frequency, manner, and cause of punishment, elopements, deaths, and such matters as may fall within the scope of a thorough hospital inspection, and report to the governor in detail within ten days after each inspection. If they find any patient whose insanity they have reason to doubt, they have the authority to remand him to the Probate Court, from which he was committed, to be re-examined.

New Jersey has a Council of State Charities empowered to investigate the institutions for the insane.

In New York, the institutions for the insane are visited by the State Board of Charities and the State Commissioner in Lunacy, the former to inquire more particularly as to the expenditure of the public moneys, and the latter as to the condition of the inmates and the management of the asylum. The commissioner has power to investigate charges against asylums, with the aid of the district attorney of the county in which the asylum is located: to issue compulsory processes for the attendance of witnesses and production of papers; to administer oaths and examine persons under oath; and to exercise the same powers as belong to referees appointed by the Supreme Court in all cases where, from evidence laid before him, there is reason to believe that any person is wrongfully deprived of his liberty, or is cruelly, negligently, or improperly treated, or wherever there is inadequate provision made for their skilful medical care, proper supervision, and safe keeping; and, if the same is proved to his satisfaction, he is further empowered to issue an order in the name of the people of the State, and under his official hand and seal directed to the superintendent or managers of such institution, requiring them to modify such treatment or apply such remedy, or both, as shall therein be specified.

North Carolina had a Board of Public Charities which had power to have any insane person, not incurable, deprived of proper remedial treatment, and in any almshouse or other place, conveyed to the State asylum, there to receive the best medical attention.

Pennsylvania has a Board of Public Charities, and a Committee of Lunacy appointed by the Board. The committee has statutory powers independently of the Board, and to it is committed the special interests of the insane.

Rhode Island has a Board of State Charities and Corrections which has the management and control of the State asylum for the incurable insane.

Vermont has three supervisors elected biennially by the General Assembly, two being physicians. "The supervisors shall visit every asylum for the insane in the State as often as occasion requires; and one of the Board, as often as once a month, shall examine into the condition of said asylums, the management and treatment of the patients therein, their physical and mental condition and medical treatment, hear the grievances of the patients apart from the officers and keepers, and investigate

contemplated, may be maintained, if the Commission in Lunacy has one commissioner for every five thousand insane.[1] But the supervising authority should be competent — that is, thoroughly qualified — for its high and responsible duties, both by education and experience. To secure such qualifications, the law regulating the appointment should specifically define the conditions governing the appointment.[2] If these conditions are not complied with by the appointing power, the appointment should be declared null and void by the highest judicial authority of the State. The specific duties and powers of this authority should be carefully defined, and it should be held to the rigid performance of those duties by the governor.[3] In order that he may be fully advised of the work of this department of service, the governor should either be a member *ex officio* of the body or be required to attend quarterly meetings, when the work done should be reviewed. Among the duties and powers imposed upon this authority there should be the following: It should visit, or cause to be visited, every insane person in custody sufficiently often to be well informed of his condition, treatment, and progress, and to examine every institution in which they are confined so thoroughly and frequently as to understand its constant management. It should keep accurate records of

the cases that, in their judgment, require special investigations, and particularly shall ascertain whether persons are confined in any asylum who ought to be discharged, and shall make such orders therein as such case requires."

Wisconsin has a State Board of Charities and Reform and a State Board of Supervision. The former visits the county asylums and exercises control as regards the transfer of inmates, the buildings, the care and treatment of patients, and the expenditure of State appropriations. The latter Board acts as managers to the State asylums.

[1] On the creation of the English Lunacy Commission in 1845 there were twenty thousand insane in England. The board consisted of six commissioners, appointed for life at an annual salary of $7,500.

[2] In Massachusetts, no qualifications are required.

Michigan requires "suitable persons."

In Minnesota there must be "three doctors, one of whom shall be a member of the State Board of Health."

New Jersey requires "suitable persons."

In New York, no qualifications of members of the State Board of Charities are required. The State Commissioner in Lunacy must be "an experienced and competent physician."

In Pennsylvania, five members of the State Board of Public Charities are appointed without designated qualifications. Of the three additional members, one shall be a member of the bar and one a practising physician, both of ten years' practice. The Committee of Lunacy, appointed by the Board, consists of five members, two of whom shall be the legal and medical members already provided.

In Rhode Island, no qualifications are required.

Vermont requires that of the three supervisors two shall be physicians. The supervisors shall not be connected with insane asylums officially.

Wisconsin requires no qualification of the members of the State Board of Charities and Reform, nor of the members of its State Board of Supervision.

[3] In Michigan, the governor is *ex officio* a member of the State Board.

In New Jersey, the governor is president and a member *ex officio* of the State Board.

the movements of all the insane in custody, and be empowered to regulate their transfer from one institution to another. It should have the power to investigate all complaints and correct all abuses, and to discharge all patients wrongfully detained. It should license private institutions and prescribe rules for their management. Finally, it should report annually to the governor the condition of the insane and the institutions devoted to their care and custody, with suggestions for reforms and improvements. The governor should transmit the report, with his own recommendations, to the legislature.

III. The Discharge of the Insane.

I. *The power to discharge the insane from custody should primarily devolve upon the party mentioned in the order of commitment as the custodian, provided the patient is certified as having recovered, and due notice is given to the nearest responsible relative or friend.*

The methods of discharge of the insane from custody vary very much in different States. In general, the superintendent is authorized to discharge those who have recovered, and can be so certified. There can be no valid objection to this provision of law, for no other question or interest is involved than that of recovery. The superintendent is best capable of determining that correctly; and, when recovery is established, he has no longer legal right to restrain such patient. It is also a matter often of very great convenience to have the discharge accomplished without such delay as attends securing the consent of other parties. Notice should always be sent to the person or persons immediately responsible for the care of the patient of the intended discharge, and of the day when it will be carried into execution, in order that such relative may have ample time to make any provision for the patient's comfort which may be deemed necessary.[1]

II. *An insane person in custody, not a criminal, who has completely*

[1] "Ordinary patients, when recovered, are usually discharged on the sole authority of the medical superintendent of the chartered asylums, and on that of the medical attendant and proprietor of licensed houses."— *Report Scottish Lunacy Commission.*

The English lunacy law requires that the superintendent or proprietor of every registered hospital and licensed house, and every person having the care or charge of any single patient, shall forthwith, upon recovery of any patient in such hospital or house, transmit notice of such recovery to the person who signed the order for his reception; and, if such patient is not discharged or removed in fourteen days, the commissioners are to be immediately notified.

In Ontario, Can., the superintendents of asylums are empowered to discharge all cases, except where the patient is a criminal.

In the following States, express provision is made for the discharge of recovered patients by the superintendents of institutions in which they are confined; namely, Connecticut, Illinois, Indiana, Iowa, Kansas, Pennsylvania, Dakota (Ter.), Washington (Ter.).

recovered, should be discharged from custody immediately on the determination of that fact, and restored to his personal rights.

This proposition is universally recognized, and is founded on the right of a sane person to his personal liberty, if not a criminal. The qualification of the term "recovered" by the word "completely" is intended to emphasize the certifications of recovery, and leave no doubt as to the restoration of the patient to his normal mental condition. There is generally a strong disposition on the part of friends to remove patients from custody long before they are so far restored as to be capable of effectually resisting the disturbing influences of their former associations, which may originally have caused their mental unsoundness. It is therefore often a great aid to those who have the power of discharge, in preventing the premature removal of patients from institutions where they are recovering, to be able to show friends that by law the patient must not be discharged until the recovery is complete. But the superintendent is bound to exercise proper care in determining the fact of recovery; and, when that fact is established, he must discharge the patient without undue delay.[1]

III. *In cases certified as not recovered, the discharge should have the approval of the board of managers or such committee of the board as the managers may designate.*

In the case of the uncured, questions are involved which may require much deliberation and the co-operation of others than the person immediately in charge, as the superintendent or medical attendant. If the discharge of the uncured is to the care of friends, there is a question as to their ability, or as to their qualifications to undertake such a responsibility. If the uncured are to be placed in families, other questions arise which render it important that managers, who are equally interested in the welfare of the patient, should share the responsibility of the discharge with the superintendent. Nor is there any haste in the matter of discharge of the uncured; and for that reason there is ample time to take the advice of managers, and to obtain their judgment and indorsement.

IV. *An insane person who is not dangerous, though not deemed at law a proper subject for custody, may, however, require guardianship, and hence cannot be given his liberty.*

This proposition is the logical conclusion of the common law prin-

[1] "While the law makes all reasonable concessions to the discretion with which it invests the superintendent, it cannot at the same time overlook any laches on his part to discover the earliest day of full recovery of his patient, so as to discharge him from custody."— ORDRONAUX, *op. cit.*

ciple that a dangerous lunatic is to be summarily arrested and placed in custody. As the right of arrest and confinement depends upon the proved dangerous character of the insane person, so the right of continued confinement depends upon the proof of his continued dangerous propensities.[1] It follows that, when the insane person has ceased to be dangerous, or, in other words, is harmless, he is no longer regarded by the common law as a proper subject for confinement in a custodial institution. It does not follow, however, that he must necessarily be discharged and set at liberty on the simple ground of his non-dangerous character. He is still an irresponsible person; and, as such, he may require the protection of a guardian.

V. *A harmless insane person should be detained in an asylum for guardianship as long as the asylum care and treatment are more beneficial to him than other conditions available.*

The curability of insanity depends upon many contingencies. The most hopeless cases will often greatly improve under proper care, while a certain number will recover. There are stages in the progress of the treatment of the insane when it becomes a matter of the first importance to determine precisely what course to pursue as regards detention. While some will be benefited by returning to their homes, others are rendered more violent, and relapse into conditions from which they do not readily recover. Again, some insane, who are comfortable, and lead orderly lives while under the discipline of an asylum, become disturbed and relapse immediately on being removed from these restraints. The asylums to them are indispensable.

VI. *If asylum care and treatment are no longer useful nor desirable for a harmless insane person, a guardian should be provided, who should be sought primarily from among his relatives or friends; and, in order that they shall act in good faith, there should be a suitable obligation in writing, enforced, if necessary, by a bond.*

The natural guardians of the insane are their immediate relatives and friends. Hence, as far as practicable, the insane should be returned to their relatives when they no longer require asylum care and treatment. The influences of home and family scenes frequently act most favorably upon the insane when they return after a long absence. But this is by no means always the result of the return home of the insane. On the contrary, to many the return to the scenes in

[1] The law of Vermont requires that the insane "who are not dangerous shall not be confined in an asylum for the insane."

which they were engaged when stricken with insanity proves a powerful exciting cause to a fresh outbreak. But, even when the condition of the patients is such that they may safely return to their relatives, it may be found that the latter are not adapted to care for them, either owing to moral defects, or to improper domestic influences, or surroundings. Great discrimination is therefore required in determining the cases adapted to be returned to their friends as well as the condition and qualifications of the friends who propose to take charge of their insane relatives. Whenever, however, the conditions are all favorable, the guardianship of friends should be preferred and sought. But such guardianship should be made obligatory, either by an undertaking in writing, or by a bond, with approved sureties.[1]

VII. *If the conditions are unfavorable for guardianship of a harmless insane person by his relatives and friends, he should be placed in a suitable family.*

The system of placing the uncured but harmless insane, who are no longer required to be in an asylum, in families is now so successfully practised in Scotland[2] and Massachusetts as to deserve

[1] The English law provides that an undertaking in writing of the relative or friend shall be made which is satisfactory to the committee of visitors, that such lunatic shall be no longer chargeable to any union, parish, or county, and shall be properly taken care of, and shall be prevented from doing injury to himself or others.

In New York, the relatives or friends must "undertake, with good and approved sureties for his peaceable behavior, safe custody, and comfortable maintenance, without further public charge." The bond must be approved by the county judge of the county from which the patient came, and filed in the county clerk's office.

In California, the friends are required to give satisfactory evidence to the judge committing "that they or any of them are capable and suited to take care of and give proper care to such insane person, and give protection against any of his acts as an insane person."

In Massachusetts, it must appear that the insane person "will be sufficiently provided for by himself, his guardians, relatives, or friends."

In Ohio, the friends may be required to execute a bond to the State, in such sum and with such sureties as the superintendent may deem proper.

In Texas, "no warrant to convey a lunatic to the asylum shall issue if some relative or friend of the lunatic will undertake before the county judge his care and restraint, and will execute a bond in a sum to be fixed by the county judge, payable to the State, with two or more good and sufficient sureties, to be approved by the county judge," etc.

In Wisconsin, "If the relative or friends of any patient kept in the hospital shall ask the discharge of such patient . . . before such patient has recovered from insanity, the superintendent may, in his discretion, require a bond to be executed to the State of Wisconsin in such sum and with such sureties as he may deem proper, conditioned for the safe keeping of such patient."

The law of Minnesota is quite similar.

[2] The Scotch plan may be summarized as follows: The cases selected for boarding out belong to the harmless class. They may be dements or imbecile, or persons of much intelligence, but who have been proved to be entirely safe both toward themselves and others. They are taken from the wards of asylums where they have been under observation. The family is selected with care. Preference is given to the families of relatives or friends of the boarders, but in practice it has proved to be necessary more frequently to select strangers. The effort is made to secure families in the same social

the most serious consideration of authorities in this country. The details of the plan are very simple and readily executed. The law should empower either State or asylum officers to place at board, where they may deem it expedient and in suitable families, insane persons of the chronic and quiet class, and to appoint visitors who shall visit these persons sufficiently frequently to maintain proper supervision of their care and treatment. The first obstacle to be overcome in carrying this system into practice is securing suitable families. This difficulty has diminished steadily in Scotland with time and experience. The early distrust and fear of the insane by the people has disappeared, and there is now a large demand of families for patients.[1] The system has proved very economical; for,

grade as the patients, in order that the latter may be more completely identified with the objects, aims, and the sympathies of the former. To guard these patients against abuse, the following provision is made, namely; (1) No person can be boarded out except on a permit from the Lunacy Board, granted on two medical certificates of lunacy, certifying that both the patient and the provision made by the guardian are such as to secure proper care and treatment; (2) this permit is provisional, and may be revoked whenever the visiting commission reports the patient's condition unsatisfactory, and that there is no probability of improvement; (3) but one patient can be received into a single house, unless the owner holds a special license, when he can receive not to exceed four; (4) the Lunacy Board may compel the authorities to increase the rate of pay when the local poor board does not allow sufficient for the proper care of the patient; (5) if the patient is not provided with the necessary comforts and such care as will insure his safety and well-being, or if he is not in every respect treated as well as other members of the family, the Board may withhold the parliamentary appropriations; (6) finally, the Board may order the removal of any patient to an asylum when its requirements are not complied with. Supervision of the boarding-out insane by official visitation is arranged as follows: (1) the Commissioners in Lunacy appoint deputies, whose duty it is to visit each patient at least once a year, and examine minutely into their condition; (2) a medical man appointed by the authorities of the parish to which the patients are chargeable visits them at least four times a year, and at each visit enters in a book prescribed by the Lunacy Board, and kept in every such house, a report of the condition of the patient as he found it, with suggestions; (3) the inspectors of the poor of each parish are obliged to visit, at least twice a year, every patient within their jurisdiction, and record the results of their visit in the same book. This almost constant watchfulness over patients in families by officers representing the State, the parish to which they belong, and the parish in which they reside. has proved a sufficient safeguard against abuse.

The main features of the plan in Massachusetts are as follows: The State Board of Lunacy and Charity is authorized to place at board where they may deem it expedient, and in suitable families throughout the Commonwealth, insane persons of the chronic and quiet class; and the cost of boarding such insane persons, having no settlement in the Commonwealth, shall be paid from the appropriation for the support of State paupers in lunatic hospitals, but the rate paid for their board shall not exceed the rate now paid in the State lunatic hospitals. It shall be the duty of the Board of Lunacy and Charity to cause all insane persons who are boarded in families at the expense of the Commonwealth to be visited at least once in three months; and all insane persons who are boarded in families at the expense of towns and cities, and whose residence is made known to said Board, shall be visited in like manner at least once in six months by some agent of the Board of Lunacy and Charity. Said Board shall be required to remove to a lunatic hospital, or to some better boarding place, all State paupers who, upon visitation, are found to be abused, neglected, or improperly cared for when boarded under the authority of this act; and it may also remove to a lunatic hospital any insane person boarded at the expense of a city or town who shall be found unsuitably provided with a boarding place.—*Laws*, 1885.

[1] The system of boarding out the insane is now practised in all of the counties of Scotland, and it is stated by one of the visiting commissioners that in some localities the people have become too eager

while the average weekly cost per patient in asylums, of the same class, has been $2.35, it has been but $1.33 in families.[1] Again, the effect of boarding out upon the health of the insane seems to be very favorable. The mortality for three years of those in families was 5.1 per cent. against 8.2 per cent. in asylums. The mortality from pulmonary consumption in the two classes was 5.6 per cent. in private dwellings and 17.2 per cent. in asylums. Nor during the period of three years was there a suicide in a total of 1,592 patients boarding out. Life in private families has also a beneficial effect upon the usefulness of the insane so situated. There is in their new situation, which is generally closely allied to their earlier associations, a new stimulus to activity.[2] Perhaps a more important consideration than any mentioned is the fact that some recover who were regarded as hopeless. These recoveries have been traceable directly to the new conditions under which they are placed.[3] It has been alleged in opposition to the system that the boarded out insane are liable to abuse which cannot be readily discovered nor prevented, but experience proves that neither statement is correct. It may be stated as conclusion that in Scotland the system of placing the quiet chronic

for the charge of the chronic insane, and, consequently, the increase in the number resident in these places is leading to the formation of a larger aggregation than is desirable. The families having the care of the insane are not limited to the rural districts, but many insane are boarded in families residing in the city of Edinburgh.

[1] The form of procedure as regards payment, which is principally from a fund appropriated by Parliament and partially by the poor-rates, all being under the control of the commissioners, may prove instructive. It is as follows: "The guardian makes application for a patient, and his home is then visited by a deputy commissioner, who examines as to the provision which the applicant can furnish. If the report is favorable, the guardian is placed under the supervision of the Lunacy Board, and is subject to visitation. The rate of pay depends upon the following considerations: first, the obligation resting on the guardian to maintain the patient; second, the ability of the patient to do useful work; third, the necessity for providing special diet or nursing the patient; fourth, the irksomeness of the duties which the guardian may have to perform; fifth, the extent to which the patient may interfere with the industrial productiveness of the guardian's household; and, sixth, the usual cost of living of the working classes in the district in which the guardian lives." The cost of maintenance, governed by these rules, varies from 85 cents to $1.60 per week.

[2] A visiting commissioner remarks: "It is common in my experience to note an increase of usefulness among chronic lunatics after they have been placed in private dwellings. The various duties of home life, the emergencies which are apt to arise in a household, and the different interests which a piece of land and all its gear possess, tend to wake up such capacity for work and usefulness as exists, and often produce a desire to help even in the most apathetic and demented."

[3] A commissioner remarks: "Among the many advantages to be derived from placing the harmless insane in private dwellings are the fresh chances afforded them of recovery or of becoming self-supporting. I have pointed out in previous reports how a change of surroundings, the company of sane persons, the improved bodily health, the greater contentment, and the many calls to bodily and mental action which a residence with an industrious family produces,—how all these things have a beneficial and occasionally a curative effect. It is an every-day observation with me, when engaged in the discharge of my duties, that the mental condition of many of the boarded out insane becomes stronger and sounder; and this, now and then, reaches the degree which can correctly be regarded as recovery."

insane in families has proved eminently successful, and has gained the approval of the State, and latterly of those formerly opposed to it.[1]

The practical question which these facts present to us is, Can this system of family care be adopted or successfully practised in this country? The opinions of those who have considered the subject have been decidedly adverse. The argument presented has been chiefly the one at first urged against the scheme in Scotland; namely, the impossibility of securing suitable families.[2]

This argument proved fallacious in Scotland; but in this country it is enforced by the additional allegation that, even if the system succeeds in Scotland, it would not in American communities, owing to the wide difference in the social and domestic condition of families. But, fortunately, actual experiment has proved in the State of Massachusetts, perhaps the State least adapted to the trial of the scheme, satisfactorily successful.[3]

At the present time, that State has nearly one hundred and fifty insane in families; and their care and treatment have proved eminently satisfactory.[4] We can, therefore, but regard it as a duty of those

1 Dr. Clouston, superintendent of the Royal Edinburgh Asylum, a prominent authority on insanity, and at one time not favorable to the boarding-out policy, now says: "Of late years, since it was better understood, better organized, and better supervised, the results have been good, on the whole, and very good in some cases. Money has been saved, the patients have been sufficiently well cared for, and, in many cases, made happier; and asylums have been relieved from overcrowding, prevented from growing unmanageable in size, and have been left more to their proper work of treating the curable and recent cases. . . . I cannot imagine any country where a certain proportion and a certain kind of chronic and quiet lunatics and imbeciles should not be boarded out in private houses. Asylum life is, at best, an unnatural and an expensive thing; and, in my opinion, its undoubted benefits to most cases of insanity do not apply to certain of the more quiet and manageable patients."

2 Deputy Commissioner Lawson, alluding to the objection to family care in Scotland, that private dwellings could not be found, remarks: "That they [the quiet and harmless insane] cannot be so provided for often means that efforts have not been made to find suitable homes for them. When such efforts have been made, it has frequently been found that what appeared to be an insurmountable difficulty, has, with comparative readiness, been overcome. One person in a district conquers the disinclination to take a lunatic under his or her roof. It is found that the inconveniences which were anticipated were not realized; and successive applications are made for lunatic boarders, till, in some districts, it becomes necessary for administrative purposes, and to prevent any risk of inconveniences to the neighborhood, to exercise caution in extending the number of sanctions."

3 "It used to be said that families cannot be found which will suitably care for the chronic insane as boarders, and it might well have been doubted whether we could easily find good families to receive wayward and troublesome boarders at so low a rate as $3.25 a week. The contrary has proved to be the fact; for applications from families every way suitable have been made,— enough to furnish places for twice as many patients as we could send. These families generally live in the rural towns, and are those of farmers or mechanics (sometimes the widow of a farmer or a mechanic), who are living comfortably; and, although the rate may be low for villages, it is quite sufficient in the farming towns."— *State Board of Lunacy and Charities, Ninth Annual Report.* Boston, 1888.

4 "These families have not taken advantantage of their insane wards or stinted them in the comforts of life, the best evidence of which is the general wish of the patients to remain where they are rather than go back to the hospital from which they were taken." — *Report, op. cit.*

intrusted with the care of the chronic harmless insane to endeavor to introduce into their respective States the system of family care. The theory which should guide in the organization of the plan must be that there are families in every State, probably in every community, which have accommodations for this class of insane, and which are adapted to their care. This fact can only be determined by judicious inquiry and trial, under the sanction and limitation of law.[1]

VIII. *Whenever a responsible person makes a statement to a judge of a court of record in writing, affirming that a certain person confined as insane is sane and unjustly deprived of his liberty, such judge should be empowered at his discretion to appoint a commission, not to exceed three persons, one of whom should be a qualified physician, to visit the alleged insane person and inquire into and report upon the facts in the case; on a review of the report, the judge shall discharge the patient if he deems him sane; but, otherwise, he shall dismiss the case.*

There is very frequently a belief on the part of the more remote relatives and casual friends or acquaintances of the insane in confinement that they are not insane, or, for various reasons, that they are unjustly confined. Impressed with this belief, they spread the rumor of their suspicions far and wide, and thereby create prejudices against the motives of those who are responsible for the care and confinement of the insane, as well as against the good faith of the managers of the institutions in which they are placed. The result of this agitation is often the issue of a writ of *habeas corpus*, the bringing of the patient into court, and a haphazard proceeding of inquiry,—a termination which rarely has a justification in the facts of the case. It would be far better to provide a method of inquiry which would meet the ends of justice with precision, and yet without the disturbance of the patient or friends. The plan here proposed would accomplish that object.[2]

[1] Dr. Fraser, deputy commissioner, makes the following statement as the groundwork of the Scotch system: "The system of boarding out pauper lunatics in private dwellings rests upon the ground that there is in Scotland certain accommodation in the possession of certain people, and that the accommodation and the people may be wisely utilized for dealing with pauper lunatics who otherwise would need to be in an asylum."

[2] The laws of Iowa and Dakota Territory have a similar provision. It is as follows:—

"On a statement in writing, verified by affidavit addressed to a judge of the district or circuit court of the county in which the hospital is situated or of the county in which any certain person confined in the hospital has his legal settlement, alleging that such person is not insane, and is unjustly deprived of his liberty, such judge shall appoint a commission of not more than three persons, in his discretion, to inquire into the merits of the case, one of whom shall be a qualified physician, and, if two or more are appointed, another shall be a lawyer. Without first summoning the party to meet them, they shall proceed to the hospital and have a personal interview with such person, so managed as to prevent him, if possible, from suspecting its object; and they shall make any inquiries and

IX. *Any person who voluntarily commits himself to an asylum shall be discharged at his own request, provided he has given the superintendent three days' notice of his intention.*

A voluntary patient, not being amenable to the rules governing detention and discharge, cannot be legally detained. But, as he enters the asylum promising to obey its rules and regulations, he is bound by his sense of honor to observe a certain method of withdrawal. It is sufficient for the superintendent, if he has notice of the date of removal several days in advance, that he may be able to give due notice to the friends.

examinations they may deem necessary and proper of the officers and records of the hospital touching the merits of the case. If they shall judge it prudent and advisable, they may disclose to the party the object of their visit, and either in his presence or otherwise make further investigation of the matter. They shall forthwith report to the judge making the appointment the result of their examination and inquiries. Such report shall be accompanied by a statement of the case made and signed by the supe intendent. If, on such report and statement and the hearing of the testimony, if any is offered, the judge shall find the person not insane, he shall order his discharge. If the contrary, he shall so state, and authorize his continued detention. The finding and order of the judge, with the report and other papers, shall be filed in the office of the clerk over which such judge presides, who shall enter a memorandum thereof on his record, and forthwith notify the superintendent of the hospital of the finding and order of the judge; and the superintendent shall carry out the order. The commissioners, appointed as provided in this section, shall be entitled to their necessary expenses and a reasonable compensation, to be allowed by the judge and paid out of any funds not otherwise appropriated, *provided* that the applicant shall pay the same if the judge shall find that the application was made without probable grounds, and shall so order."—*Section* 67, *Laws, Iowa.*

The members of the Committee agreeing in this report, after considering it, here affix their names: —

Stephen Smith.
Henry M. Hoyt.
F. B. Sanborn.
Fred H. Wines.
Richard Gundry.

Buffalo, July 7, 1888.

Certain members of the Committee joined in the following special report: —

THE COMMITMENT LAWS OF MASSACHUSETTS.

Stephen Smith, M.D., Chairman of the Committee on the Commitment and Detention of the Insane: —

The undersigned, having undertaken to write a brief Special Report on the Commitment Laws of Massachusetts, which have now been in force for several years, and perhaps approach most nearly of any existing laws to the project recommended by our Committee, would herewith submit the promised report.

The ancient commitment laws of Massachusetts, which much resembled those in force in the other New England States up to 1879, were, in that year, materially changed, by enacting that every insane person, when committed to a hospital or asylum, public or private, should be held therein under an order of some court, based upon evidence, of which the certificate of two physicians is a material part, that the person alleged to be insane is really in that condition, and also that he needs the restraint of a hospital. This legislation of 1879 was novel, so far as Massachusetts was concerned, in two respects: first, in requiring a judicial order in every case; and, second, in making the obvious distinction, not hitherto recognized by our statutes, between persons merely insane and persons whose comfort, or the comfort of other persons, made commitment to a hospital necessary. Both these new features of the law were strenuously opposed by some of the managers of hospitals and asylums for the insane; and, in deference to them and to what seemed to be a public convenience, the strictness of the first requirement was modified in 1881, so as to permit the admission, in cases of emergency, of insane persons, upon the certificate of two physicians, for a period of five days, without a judicial commitment, and also the voluntary admission as a patient of any person, insane or otherwise, provided that no such person should be detained longer than three days after giving notice in writing that he desired to be discharged. This last form of admission corresponds very nearly to that set forth in our report under Section XV.; while the emergency commitment was only intended as a temporary substitute for judicial action.

This body of laws, with such of the older statutes as had not been repealed, was re-enacted by Massachusetts in 1882, and has therefore

been in full force for more than six years; while the main principle embodied in the new legislation has been in operation for more than nine years, or since May 1, 1879. It is, therefore, possible to state what the effect of this system of judicial commitment has been in a State containing now more than two million inhabitants and possessing within its borders some twenty separate hospitals and asylums, public and private, for the treatment or maintenance of the insane. As our courts having authority to commit insane persons are more than seventy in number, they give an opportunity for varied interpretations of the law, according to the opinion of different judges; and they also bring the tribunal of commitment near to the home of almost every person in the small territorial area of Massachusetts. It might therefore have been predicted in advance that there would be many conflicting orders issued under the new laws, and that controversies and prolonged litigation would result therefrom. Precisely the contrary has happened. Either because the new law itself was wisely adapted to the existing condition of Massachusetts or because the supervision of its administration was left to a well-selected and competent Lunacy Commission (the State Board of Health, Lunacy, and Charity, consisting of nine members, six of whom were physicians), which was also established in 1879, there have been less litigation and fewer disputed cases of lunacy commitment than for many years preceding 1879. This is the more noticeable, because, along with the new system of commitment, went necessarily an extensive power of removing and transferring insane persons from one place of detention to another; and this power was exercised on a large scale, and increasingly from year to year, by the Lunacy Commission above named. These two departments of the Massachusetts commitment laws — those providing for the judicial commitment of insane persons found in the general community and those providing for administrative commitment by a State Board, in the manner of transfer of insane persons from one establishment to another — will here be considered together, and some remarks will be made on the observed results in both departments.

I. Judicial Commitments of the Insane.

By a recent law (passed in 1887), commitments by the court are now restricted to certain districts for certain hospitals, with the exception of the largest county of the State (Suffolk County), in which Boston is, which is allowed to send its insane alternately to four or five hospitals easily accessible from Boston. This later legislation

was intended to prevent the necessity of removing insane persons from one hospital to another, except for purposes of classification as between the recent and the chronic insane, the ordinary and the criminal insane, etc. The laws of Massachusetts have for more than twenty years (since 1866) provided for the separation, to some extent, of the chronic insane from those requiring curative treatment; and this feature of our laws is made more extensive from one decade to another. Thus, in 1866, the quiet and harmless chronic insane were provided for in a single asylum; in 1877, the chronic insane requiring more restraint were provided for in a second special asylum; and, in 1885, a third asylum for the chronic insane, chiefly of the criminal class, was established in a third locality; while the cities and towns of the State were allowed in 1882 to establish chronic asylums of their own, and have done so to a considerable extent. The judicial commitments, however, do not discriminate between recent and chronic cases, but send persons of either class to any of the hospitals or asylums in Massachusetts except those specially designated for the chronic insane. That is to say, of the twenty public and private establishments now existing in Massachusetts, the courts may send insane persons to sixteen, among which are five State hospitals, one municipal hospital (at Boston), one corporate asylum (at Somerville), and nine private asylums. Most of the latter are very small, and the whole nine do not receive in a year more than a hundred patients from the courts. The larger hospitals and asylums receive from the courts in a year fourteen hundred or fifteen hundred commitments, including perhaps one hundred persons in a year who are sent as inebriates and not as insane persons. The voluntary commitments during the whole seven years that the law has been in force have been but about three hundred and fifty, of which fifty or sixty have been re admissions of the same persons. The emergency cases average less than fifty a year, and are mostly received at a single hospital in the city of Boston. Three-fourths of the voluntary commitments also are received at a single establishment, the McLean Asylum. These figures show that the great mass of commitments from the general community are made by the courts, under the strict requirements of the law of 1879; and it does not appear that these requirements have at all diminished the number of commitments in the State or made its people more unwilling to send their friends to hospitals for treatment. It was alleged nine years ago that this would be the result, but experience proves the contrary.

A marked result of the new system has been, however, the com-

plete practical protection of the hospitals and asylums from the odium elsewhere brought upon them by the allegation that they were receiving and detaining sane persons, or persons who did not need hospital care. The judicial decree under which patients are now held settles the question in the public mind as to the propriety of their commitment; while the administration of the lunacy laws by the State authorities seems to satisfy the public that any errors committed by the courts or by the certifying physicians will be ultimately, if not speedily, corrected. Consequently, Massachusetts has long been free from the embarrassment and irritation occasioned by persistent attacks on the hospital authorities; and the superintendents and physicians are left at liberty to pursue the treatment which seems to them best in each individual case.

II. Administrative Commitment of the Insane.

By this is signified the removal, transfer, and interchange of patients from one establishment to another by the State Board, which acts as a Lunacy Commission, and is empowered to make discharges, removals, and transfers at its discretion, both within the State and, in cases of removal, to places outside the State. This power is a necessary correlative of the system of judicial commitment and of the multiplicity of establishments for the insane. For, if there are many establishments, and many courts committing persons thereto, it will necessarily follow that some of the persons thus committed will be improperly placed, and must be removed elsewhere. It will also happen that in time any hospital may become crowded, while some other establishment has plenty of room; and transfers for the mutual convenience of the hospitals will therefore need to be made. Again, the extending system of chronic asylums makes it needful that some authority shall decide upon and perform the transfer of patients from the receiving hospitals to the chronic asylums. This branch of the Massachusetts commitment law has not yet been so well regulated and systematized as the other, and complaints are frequently made concerning the removal of insane persons from one establishment to another, or to places outside the State. These complaints come sometimes from the public authorities in other States (for example, the New York State Board of Charities), sometimes from the hospitals or asylums to which patients are removed at inconvenient times, or with circumstances occasioning inconvenience, and sometimes from the patients and their friends, who object, not

always without reason, to such removals. It has therefore been suggested, and no doubt will sooner or later be enacted into law, that this administrative commitment of the insane shall be subjected to regulations which shall protect the insane persons, their friends, and the establishments themselves from injustice and inconvenience, as carefully as the laws for judicial commitment now provide in the court cases. The number of persons subject to what is here called "administrative commitment" varies from two hundred to five hundred in a year, but naturally increases as the whole number of insane persons in Massachusetts grows larger.

The latest form of administrative commitment, and one as yet peculiar to Massachusetts, is the placing out, in families, of insane persons who have been or may be committed to the public hospitals. The law authorizing this introduction of the Scotch system of boarding out the insane was passed three years ago; and the practice under it began in August, 1885. Since that time, one hundred and eighty different persons in various stages of insanity have been placed in families; and, of these, something more than one hundred and twenty now remain under the supervision of the State Board of Lunacy and Charity, which directs the administrative commitment of nearly all insane persons in Massachusetts. The result of this system has thus far been highly satisfactory, relieving the hospitals of a certain number of inmates, while giving the persons thus removed an easier means of returning to ordinary life in many cases, and in others (the great majority of all) a mode of existence which they greatly prefer to life in a great establishment. It has been found that the friends of such patients take more interest in them when placed in families than while living in the establishments. The greater number of the persons thus boarded are women, who are regarded as more desirable inmates of a family than are insane men.

The separation, under legal enactments, of the chronic insane from recent cases, has been made in Wisconsin as well as in Massachusetts; and in both States the public authorities are convinced that this separation is better for both classes and for the whole mass of the insane.

F. B. SANBORN.

CONCORD, MASS., June 30, 1888.

APPENDIX.

LETTERS OF CORRESPONDENTS IN REPLY TO THE FOLLOWING INQUIRIES:—

COMMITMENT. 1. Give the number of cases, and the facts in each case, of the commitment of sane persons as insane, within your personal knowledge, exclusive of those suffering from the immediate effects of intoxicants and narcotics.

2. What modifications of the present procedures of commitment to your asylum would, in your opinion, give greater security against the liability of committing sane persons as insane, and yet secure the commitment of the insane requiring asylum treatment and custody at the earliest practical period, and with the least disturbance and hardship to patients and friends?

DETENTION. 1. What are the conditions and methods of discharge of patients from your asylum?

2. What is the number of inmates of your asylum who no longer require asylum care, either for the employment of remedial means or for protection of the public?

3. What are the causes or conditions which operate to render it, in your opinion, necessary or expedient that this class should be longer detained in your asylum?

4. What measures, in your judgment, could be wisely adopted to remove this class from your asylum and provide for them, elsewhere and otherwise, suitable care and protection?

5. What modifications, if any in general, of the present procedures for the discharge, removal, or furlough of inmates would, in your opinion, conduce to their welfare?

P. O. HOOPER, M.D., Superintendent Arkansas State Lunatic Asylum, Little Rock, says:—

COMMITMENT. 1. Under the law, congenital imbeciles and epileptics, not otherwise insane, are denied admission. Several of these classes have been committed, but were discharged shortly. Two men and one woman who were not insane have been committed. One man, serving a

term of imprisonment in the State penitentiary for murder in the second degree, was pardoned, as insane, and committed to this asylum. During six months' detention, he showed no evidence of mental alienation, and was discharged as not insane. The other man was under indictment for murder, and proved to be a malingerer. The woman was the subject of chronic chorea, and her relatives secured her commitment to save themselves the annoyance and expense of her care at home.

2. The certificates of *two* physicians should be required. They should examine the suspected person separately, and not on the same day. The number of physicians certifying, under the present law, is left to the discretion of the judge. Some changes in interrogatories, which would give a fuller history of the case, are desirable.

DETENTION. 1. Patients are discharged upon order of the superintendent addressed to a county judge. Chronic, incurable cases, when the asylum is full, are removed to make room for *acute* cases. Natural guardians can remove inmates at any time.

2. There are no inmates in this asylum who do not need some custodial care. The provision of the law that the quiet, harmless, incurable class be removed to make room for recent cases relieves this asylum of their presence.

3. Covered by reply to question 2.

4. Covered by reply to question 2.

5. County judges should be *required* to remove inmates within a given time after the reception of notification from the superintendent. Now delays occur, and overcrowding of the asylum results.

Dr. W. H. MAYO, Superintendent of the State Asylum for the Insane, Stockton, Cal., says :—

COMMITMENT. 1. During my connection with this asylum, nearly five years, I have not known of any sane persons committed as insane.

2. The method of commitment to asylums adopted by this State is, in my opinion, as good a one as can be devised. It has worked well, and never in the history of the State has its efficiency been called in question in a single instance.

DETENTION. 1. The discharge and furlough of patients are left entirely to the superintendent. The Superior Judge who commits a patient has the power to order the return of such patient to the custody of friends, when in his judgment such a procedure would be safe and beneficial.

2. Six or seven hundred.

3. The want, in California, of well-constructed county almshouses renders it necessary that this large body of chronic, harmless cases shall, for their own protection and comfort, be taken care of in the State asylums.

4. The construction of county almshouses, together with the completion of the hospital for chronic insane now in course of erection and equipment.

5. None.

Dr. O. WELLINGTON ARCHIBALD, Superintendent North Dakota Hospital for the Insane, Jamestown, writes :—

COMMITMENT. 1. Since our organization and over three hundred admissions, only one has been sent not insane. He was an old man, and was committed more for want of knowledge in regard to the real nature of his case than with any intent of injustice or wrong on the part of his friends or family.

2. I know of no better way than as our present laws provide, at least in a new country like this. I can conceive of no great injustice being done any one under our present laws. An Examining Board, consisting of probate judge, a physician, and one other member, usually a lawyer, acting as a committee, can quietly examine the one alleged insane, and, if deemed necessary, send to a hospital, without being compelled to drag him (oftentimes a very sick patient) before courts and jury, which in many cases only have a tendency to increase the already well-seated disease. Patients sent to insane hospitals coming as they do directly under the supervision of the hospital physicians in charge, it can very soon be determined whether the patient is insane or not; and, should a case (once in many) not prove a fit subject for custody and treatment in the hospital, let him be returned by the hospital authorities. I doubt if the journey to the hospital would be of any more detriment or injustice to the individual than keeping him in some uncomfortable county jail for a week or more, and submitting him to all the worry and annoyance of a long and unnecessary jury trial. I am in favor of examining a person alleged insane the same as for any other physical disease, first by the family physician, and, when necessary, by suitable counsel, and deciding, as in any other case of illness, the best thing to be done under the circumstances. The only jury trial he should be compelled to submit to is a commission of physicians to quietly examine and decide, as best they can, what, in their judgment, is best for their patient and the safety of society.

DETENTION. 1. The superintendents in Dakota asylums determine when a patient recovers sufficiently, and have authority to discharge all such cases at will.

2. I have no patients in this hospital but what require its care, or else custody in some other place, where they must of necessity have the same kind of care (either for their own preservation or the welfare and safety of others), which care, etc., it would be impossible for them to obtain in a new country like Dakota. I have mild cases, like every hospital of this kind, who may not be dangerous to let at large, but who would need watching, feeding, and clothing, in order that their lives might be saved. If it is only a question of the dangerous patients of this hospital,—and we should only retain those and a few others who have, perhaps, a faint hope of recovering,—we could perhaps send out one hundred and twenty-five among the whole number of one hundred and fifty; but they all probably (or nearly every one) would not only suffer, but starve and die without the kind, protecting hand of some one to provide for their wants.

3. I think I have answered this question in No. 2. Because they are wholly incapable of self-support and would be unsafe at large, or even at their own homes, if they have homes, by wandering away and being lost, and would not only suffer, but die from exposure and starvation. The only question at all is the best way to care for the large class of the chronic insane. If it is right to give good, kind care to an acute case, whom we expect soon to get well and be restored to friends and the world, how much more the reason that we should make the lives of the poor, hopeless incurables cheerful, and as far as possible endurable, when we know the disease is for life! I think it right to treat all cases of insanity equally well, it matters not if insane for a day or for life. It seems to me often now as if the public, and even charitable workers, want to construct some kind of a cheap house and place the incurables in it, and have it run in a way not to cost much, just because the poor creatures are doomed never to get well, and because it costs a great deal more to keep a man a whole lifetime than (say) a few months or a year. I think, rather than to erect chronic, incurable asylums and fill them up with a whole lot of "for life" men and women, and tell them when they are set aside in one of those incurables that there is no hope for them left, etc., it would be better to foster the hope and idea that we, as the healthy and well part of the communities, build the necessary hospitals for the proper care and treatment of all insane in their respective localities, and open the doors alike to the curable and incurable, but classify as is best for all concerned. Rather than to shut out the incurable insane from our best hospital care and to shove them "anywhere," as the sentiment seems to grow among many of even men engaged in charitable and hospital work, put them out of their sad, suffering state at once. This would be much the cheaper way, and I believe the most humane.

I did not intend to answer your questions so at length, or perhaps in the way I have; but as you ask for the opinions of each, I presume, engaged in this work, I can do no more than give my own. I know they are worth very little; but it does seem to me we are getting so filled with theories in regard to the care, treatment, etc., of the insane, that it is time we use a little common sense and be more practical. Insane people are sick and wards of the State, or ought to be, and ought to be liberally and humanely dealt with; but the only question in the public mind now seems to be that of money. I trust and believe that great good will yet be done by the National Conference of Charities for this class, and especially the incurable; for they are the most to be pitied, as death is their only hope of cure, and a "high-toned" hospital home.

Dr. JAMES OLMSTEAD, Superintendent Connecticut Hospital for Insane, Middletown, says: —

COMMITMENT. 1. Not to go back further than the last five years, it is found that, of sixteen hundred and thirty-seven admissions in that time, twenty-two have been discharged as not insane; excluding seven of these as simply "suffering from the immediate effects of intoxicants and nar-

cotics," there remain fifteen, of whom two were convicts who feigned insanity, and were returned to prison on report of the superintendent; two committed by the Superior Court for an indefinite time were enlarged on application of the superintendent; three committed by the Superior Court for periods of four or six months were kept under observation until the expiration of their sentences and then discharged; and eight committed by Probate Courts on the certificate of physicians, whose diagnosis of insanity proved to be incorrect, were removed by friends, on advice of the superintendent. In only one of these eight cases was there any reason to suspect fraud.

2. Referring only to probate cases, it would, in my opinion, be better if the law required a certificate from *two* physicians, based on each of them seeing the patient within one week before his admission to hospital; no physician being qualified to certify unless graduated from some legally organized medical college, and unless he has been in the actual practice of his profession for at least three years, and unless at the time of certifying he is free from any connection with the institution to which the patient is to be committed.

DETENTION. The formalities in discharging convicts, or persons committed by criminal courts, are explicitly stated in our statutes. Persons sent by the Probate Courts are removable at the pleasure of their friends or the town authorities, and the disposition of the hospital authorities is to recommend the discharge of patients as soon as it is judicious. Indeed, the demand for accommodations is so far in excess of the capacity of the hospital that it is often on this account necessary to discharge patients sooner than it otherwise would be. Nor can it be said that there are any cases here now who do not require asylum care, although there are chronic dements here whom "remedial means" cannot benefit; and, while they are not dangerous to the public, it is none the less true that they need care which they could not receive either at home or in almshouses. For cases of this kind, cottages holding fifty or seventy-five patients, erected at comparatively small cost and managed by the hospital authorities, are well adapted. No modification of the present procedures for the discharge, etc., of patients seems to be called for in this State.

Dr. **JOHN W. GIVENS**, Medical Superintendent of the Idaho Insane Asylum, Blackfoot, says:—

COMMITMENT. 1. None.

2. A blank commitment to be filled out by examining physician.

DETENTION. 1. When, in the judgment of the medical superintendent, the patient has recovered, the patient must be discharged.

2. None.

3.

4.

5. The Territory should provide means to return indigent recovered patients to their homes.

Dr. H. A. GILMAN, Superintendent Iowa Hospital for the Insane, Mount Pleasant, says:—

COMMITMENT. 1. No sane persons have been committed as insane to this institution during my administration of nearly six years' duration. I do not now well see how there could be a better arrangement than ours, without a hardship to patients and their friends. In any case where a question of sanity arises, a jury trial may be had, notwithstanding this commitment, which, together with the writ of *habeas corpus*, places the patient beyond possibility of being unjustly detained.

DETENTION. 1. Patients are discharged when recovered, by the superintendent, by order of the commissioners committing them, or by order of the trustees.

2. We have a few persons who are convalescent, and will soon be discharged from the hospital. All the others require some care and custody, for the comfort of themselves and the protection of the public.

3. In my opinion, all such cases can be better, more humanely, and properly cared for in hospitals than in any other way.

4. I would provide for all of the insane in hospitals, under State supervision.

5. There might possibly be discretionary power granted the superintendent to permit patients to leave the hospital on trial or on a visit, with benefit to themselves. These, however, are exceptional cases.

Dr. GERSHOM H. HILL, Superintendent Iowa Hospital for the Insane, Independence, says:—

COMMITMENT. 1. I have been connected with this institution more than thirteen years, and I cannot call to mind a single instance in which a person has been sent here for treatment who was not insane.

In answer to your second question concerning commitments, I would say that our law operates very satisfactorily, and there seems to be no need of changes or amendments to it. The only one I would suggest is that the law require the return of physician (or physician's certificate) to be filled out by the family physician of the person who is supposed to be insane, or by a regular physician who is best acquainted. In most instances, in any county, this physician would not be the physician who is a member of the board of commissioners of insanity in the county: therefore, the person would be adjudged insane by two physicians. Since the Code of Iowa does not stipulate this method, the commission to a physician is usually made to the physician who belongs to the commission; and he usually visits the insane person and fills out the blank, whether he has any previous acquaintance or not.

DETENTION. Concerning detention, the Code of Iowa will give you answers to the first question. Patients may be discharged by the superintendent, as cured; by the board of trustees, as harmless and incurable, at the request of relatives; by the board of trustees, as harmless and incurable, to be sent to county poorhouses or asylums when the State institutions

become crowded; or patients can be removed from the institution by order of the commissioners of insanity, who send the patients to the hospital.

In answer to your second question, about ten per cent.

In answer to your third, I think such patients are better off in a hospital, because they are more properly cared for than they would be elsewhere, because they are more skilfully managed, and because their presence at the hospital is not detrimental to society; *i.e.*, these harmless and incurable persons may be nuisances in the families to which they belong or in a community.

Answer to fourth question: A State asylum, erected and conducted exclusively for the incurable insane, would have two advantages: the per capita cost of buildings and board could be made less than in a curative institution; besides, the associations of a curative institution would be improved by the removal of this class to an incurable asylum.

Answer to fifth question: I think it would be well if our Code provided for a leave of absence for three months of patients, by request and in care of relatives, without having them discharged on the records of the institution, with the understanding that their travelling expenses and all other expenses of this trial visit shall be paid by relatives. However, it should be understood that, if the patients remain absent longer than three months, new commitment papers be required. This safeguard is necessary to prevent persons from being put in the hospital the second time who have recovered from their insanity, or who do not need to be sent to the hospital again, even if their minds are not thoroughly sound.

Dr. A. H. KNAPP, Superintendent Kansas State Insane Asylum, Osawatomie, says:—

COMMITMENT:[1]—

1. Widow, sixty years of age, admitted November 11, 1873, discharged February 6, 1874; good health; case of troublesome mother-in-law.

Woman, age forty-four years, married, admitted July 29, 1874, discharged October 12, 1874; case of paraplegia, poverty of family.

Woman, age thirty-two years, married, admitted September 19, 1876, discharged October 20, 1876; robust, ignorant, passionate woman, had drunken husband, took the law into her own hands to correct him.

Woman, age twenty-one years, single, admitted September 25, 1876, discharged December 9, 1876; good health; case of obnoxious step-mother.

Woman, age twenty-five years, single, admitted October 31, 1878, discharged February 21, 1879; health poor; case of chronic spinal affection.

Woman, age sixteen years, single, admitted July 6, 1881, discharged August 13, 1881; convalescent from malarial fever.

Woman, age twenty years, single, admitted November 23, 1882, discharged February 2, 1883; been subject to harsh treatment by parents; temporary emotional agitation on the day appointed for her wedding.

Man, age fifty-two years, married, admitted August 8, 1883, discharged

[1]Commitment is by jury of six men.

August 29, 1884; shoemaker, poor; chronic diarrhœa contracted in the army; unable to work; burden to his family.

Woman, age forty-four years, married, admitted August 10, 1886, discharged August 27, 1886; health good; some trifling domestic trouble about property.

Man, age twenty-five years, single, admitted December 12, 1887, discharged January 4th, 1888; on admission, was convalescent from concussion of brain received one month before.

2. Abolish jury system and substitute competent medical examinations.

DETENTION. 1. Superintendent discharges recovered patients, also chronic cases when necessary, to make room for recent or probably curable cases.

2. Thirteen men and nineteen women. Our proportion of this class is small, as we have from time to time sent them away to make room for others.

3. They are incapable of taking care of themselves, and no other adequate provision exists for them.

4. The erection of detached buildings on asylum grounds.

5. Nothing to suggest. Upon the recommendation of the superintendent, probate judges give an order authorizing the superintendent to deliver the patient in charge of guardian, on condition that he may be returned to the asylum, if necessary, at any time within three or six months (or such time as may be specified), without previous notice or any expense to the county or State.

Dr. H. K. PUSEY, Superintendent Central Kentucky Lunatic Asylum, Asylum, says: —

COMMITMENT.[1] 1. To your first question I have to reply that in 825 admissions in the last four years, we have had but three discharged as not insane. These were all feigners, to avoid the penalty of crime.

2. The commitment of sane persons to the asylum is, in my opinion, of such rare occurrence as to need no greater security for their protection. Feigned insanity can be more readily detected in the asylum than elsewhere, and no right of the individual is violated by subjecting him to the test. I would dispense with the jury, and commit on the certificate of two physicians, with such other testimony as might be required by the court; or the court might call a jury at its discretion. The publicity of a jury trial defers many commitments until the period for successful treatment is past.

DETENTION. 1. Patients are discharged by the superintendent and two commissioners as "cured patients," or are surrendered to the court in session in the county from which they came, as harmless incurables. This class, too, are surrendered to any friend applying for them who can afford sufficient evidence that he will care for the patient.

2. Two hundred and fifty inmates in my asylum no longer require asylum care for the employment of remedial means. One-fourth of this number need not be detained for the protection of the public.

[1] Commitment is by jury.

3. Purely for the better care and comfort that they get here than they could get anywhere else. Under the commitment laws of Kentucky, no mentally defective person, whose friends seek admission for him into the asylum, can be excluded. We have no insane departments connected with county alms or poor houses, and such meet with no favor in the State. Such idiots as are harmless, and the mentally defective that are unable to care for themselves, the State pays $75 a year for keeping in private families.

4. I think that this class can be more comfortably and more economically cared for in the State asylums than anywhere else. The close supervision and jealous watch kept over these institutions by the public, the facilities for classification, and the more intelligent and competent management procure better care at a less cost than can be given in small establishments under inexperienced management. The citizen in the end pays the tax, whether county, municipal, or State: therefore, the largest amount of comfort for the least amount of money is the end sought — and I think found — in State care in State institutions.

5. I favor the parole or furlough system, and commit harmless patients, and all such as I believe would be benefited by going out, to any friend applying for them who will engage to care for them, and return them to the asylum if it should become necessary.

Dr. H. M. QUINBY, Superintendent Worcester Insane Asylum, Worcester, Mass., says: —

COMMITMENT. In reply to your circular of January 14, I would say that this asylum receives no commitments from the general public, all of its patients being transfers from the other State hospitals, through our Board of Lunacy and Charity. Its inmates belong exclusively to the chronic pauper class, and come to us on their original commitment papers. As a long residence in other hospitals has in each case determined their insanity beyond a doubt, no modification of the present method of commitment seems desirable, as giving greater security against improper commitments. Two trustees, any judge of the Supreme Judicial Court, the judge of Probate of this county or of that where the patient resides, and the Board of Lunacy and Charity may discharge.

DETENTION. Our towns and cities have for some years shown a disposition to remove all their quiet insane paupers to their almshouses; and our Board of Lunacy and Charity has of late provided for many of its State charges in private families. This has left but very few cases at the asylum that could be provided for elsewhere. Out of three hundred and eighty-three patients (our present number), possibly ten might be cared for outside of the asylum. The majority of these patients are Boston charges, most of them have no friends, and only a few of them can contribute anything toward their own support. Wherever they are, they must continue a public charge; and, therefore, the matter of expense comes to be, in the most of these cases, the main point in deciding as to their removal from the asylum or their longer detention.

I think that our Massachusetts insane laws are, upon the whole, quite satisfactory in their practical workings. They seem to furnish every reasonable security against the commitment of sane persons: they offer no unnecessary obstacles to the prompt commitment of those requiring treatment, and at the same time provide ready methods of discharge.

Dr. N. EMMONS PAINE, Superintendent Westborough Insane Hospital, Westborough, Mass., says: —

COMMITMENT. 1. Of the 556 commitments up to this date, I am not aware of any person having been committed to this hospital as an insane person who was not insane, or else an inebriate or suffering from the morphine habit. Two persons came here voluntarily, to overcome the morphine habit; and two or three persons have come here voluntarily, whom I considered to be insane at the time of their coming, but they were not committed patients.

2. I do not know of any change in the law of this State that would be of advantage in the commitment of persons. It seems to me that, as the committing power rests with the judge in each case, and as the certificates of the physicians are simply testimonies, with power on the part of the judge to make further inquiries, or to have a jury trial, if he deems it necessary, the commitment of a sane person as insane is impossible. I will simply add that the movement in New York State to have a jury trial in every case is unwise, unnecessarily expensive, and that it will prove to be a hardship both to the patients and their families.

DETENTION. 1. While there are other methods than those habitually practised, such as a writ of *habeas corpus*, etc., the ordinary forms of discharge are: first, by the superintendent; second, by the trustees of the hospital; third, by the State Board of Lunacy and Charity. By statute, the superintendent can be empowered to discharge patients, if he deems it advisable, by the board of trustees of the hospital. It is my practice in most cases to discharge persons on a furlough of thirty or sixty days (generally for sixty days), during which time they can be returned to the hospital under the old commitment. This procedure is also allowed by the statute of the State. During the past year, the trustees have discharged two persons by their own orders; but both of them were inebriates. The law in this State allows "habitual drunkards, or dipsomaniacs," to be committed to the insane hospitals, in a manner similar to insane persons; and their discharge is the same as in the case of insane persons. The State Board of Lunacy and Charity has never discharged any persons from this hospital, except as they were transferred to other hospitals, or for shipment to other States or countries when they did not reside in this State.

2. It is very difficult to answer this question. As rapidly as they reach the condition described, steps are taken for their removal from the hospital. Whenever a patient has become chronic, and appears harmless to himself and others, the State Board of Lunacy and Charity is requested to find a boarding place in a family for the patient. Quite a number have

gone in this manner from the hospital during the past year. The cases that have appealed most strongly to me have been those of aged persons suffering from senile dementia. It appeared to me as if a little more charity for them in their own homes, and readiness to do for parents the labor that parents have done for a child a hundred times over, would have prevented the commitment of such patients to an insane hospital, and allowed an infirm old man to end his days in his own home. There may be at present six persons of this class in the hospital, with a total of nearly 350. It is very difficult to deal with this class. The relatives refuse to receive them at home. It is impossible to get them admitted to homes for aged men and women. It is almost impossible to get families who desire persons as boarders to take those who will require occasional service in dressing and undressing, or finding articles that have been mislaid and forgotten by the patient. In some cases, the family obstructs their removal to the almshouse. I feel that the greatest hardship exists in the detention of those suffering from senility in asylums with the noisy and disturbed insane.

3. I suppose you mean to cover the demented and chronic class. I feel that they need asylum care.

4. For the demented and chronic insane who are quiet, but, as a rule, untidy, I favor their removal from this building, which is intended for the treatment of the acute insane, to a building or buildings on another portion of these grounds. I believe that retaining the patients in a section of the State nearest their homes is of advantage to the patients and to their friends; and also that the asylum should be in two parts, one for the acute patients and one for the chronic patients. From a limited experience, I feel that this would be a better disposition of this class than sending them to almshouses, scattered all over the State, and less directly under medical supervision.

5. The only alteration that occurs to me now that would be to the advantage of persons discharged is in the case of furloughs. The law allows a furlough to be given for thirty or sixty days. In the case of inebriates, there are some individuals who have sprees once in six months or a year. At present, a man may pass one or two of his periods of thirst for liquor, be discharged on a sixty-day furlough, and three or four months after the expiration of his furlough have another spree, and require recommitment to the hospital. In some cases, such a recommitment causes bad feeling on the part of the husband toward his wife, who has felt obliged to take the step, and he blames her instead of himself for being in the hospital; while if the furlough could be extended so as to cover one or two years, with the knowledge on his part that a single relapse would forfeit his furlough and he be returned under the old commitment, I feel that weakened wills of inebriates would be stiffened without producing animosity against members of the family.

Dr. THEODORE W. FISHER, Superintendent Boston Lunatic Hospital, Boston, Mass., says: —

COMMITMENT. 1. Have known no such cases.

2. Superintendents and assistants should be allowed to *certify*, being best qualified for that purpose. Ignorance of physicians the greatest danger.

DETENTION. 1. Discharge by vote of Board of Directors on my recommendation. *Voluntary* cases, on their own request.

2. None. Have just sent one hundred quiet and chronic cases away to Austin Farm Chronic Asylum.

3. Poverty of relations is the chief cause of detention in quiet cases.

4. Boarding out in private families. One hundred and seventeen cases are now boarded out in this State, at $3.25 per week.

5. Think the law is satisfactory. Thirty days' furlough is allowed.

6. Of seventy-eight commitments last year, the judge personally saw fifteen.

Dr. HENRY M. HURD, Superintendent Eastern Michigan Asylum, Pontiac, says: —

COMMITMENT. In ten years' time, among upwards of twenty-one hundred patients, I know of no instance where a sane person has been placed in this asylum as insane. In one instance, however, where there was little doubt as to the insanity of the person, there was considerable doubt as to the necessity for asylum treatment, and the rectitude of the motives of her husband who procured her commitment to the asylum. In this case, at my suggestion, the judge of probate recalled the patient for a fresh hearing before a jury; and the jury decided that the woman was not insane. I think the jury was in error, but acted properly in view of the evidence of the bad faith of her husband.

The only modification which I would suggest in the present modes of commitment would be to notify the insane person, in every case, that proceedings were pending, and to leave it optional with the judge of probate in every case to have the patient brought into court. The notification to the patient I would make imperative, and the necessity of the presence of the person in court I would leave to the discretion of the judge of probate.

DETENTION. There are three methods of discharging patients from the asylum. The most common one is under the by-law of the Board of Trustees, which provides that "no patient shall be detained in the Asylum after the Medical Superintendent shall determine that he is of sane mind." A second method, for patients supported at private and county expense, is of the nature of a furlough or experimental removal, and is as follows: "An unrecovered patient supported at private or County expense may be allowed to leave the Asylum upon trial with the approval of the Medical Superintendent, under the charge of a guardian, relative, or friends, and may be received back without the formality of a new bond or order, provided that the period of absence be not longer than six months." A third

method applies solely to State patients, and allows a period of trial at home for one year without destroying the right to State support: "An unrecovered patient removed temporarily on trial, if returned to the asylum within one year from date of removal, shall not forfeit his right to State support."

As to the number of patients who no longer require asylum care, it is difficult to speak with the utmost definiteness, because of the great variety of complicating circumstances, which often seem to require an insane patient to remain in the asylum who, under other circumstances, might easily get along at home. Take, for instance, two or three examples in this institution at present. A case of senile dementia, nearly eighty years of age, has outlived every one of her relatives and interested friends. She has sufficient means to pay her expenses in the institution, and her life here is rendered comfortable; but she does not absolutely require asylum treatment. There is, however, no person who can assume her care. In another instance, a similar patient in fair bodily health could be provided for among friends, if they were able to maintain her, but are not so situated as to do so. Out of seven hundred and thirty-five patients, perhaps fifty could be cared for outside of the asylum under favorable circumstances; but the lack of friends, or their poverty, and sometimes their indifference, render it advisable to retain the patient in the asylum.

The only measure which, in my judgment, could remove these patients from the asylum would be a systematic attempt to find homes among respectable, kind-hearted, interested persons, who would board them for a small consideration. The rate paid for their board, however, would probably equal the amount expended for their support in the asylum. The only advantage would be greater home comfort for the helpless and aged, and a measure of relief to an overcrowded asylum. The obstacle in the way of this must, however, be, in a State as large as Michigan, the difficulty of properly supervising patients thus boarded out. The cost, also, would probable be wholly out of proportion to any good which might be gained.

Our present methods of discharging patients provisionally have worked well, and I do not know of any additional legislation which seems to be required.

Dr. C. K. BARTLETT, Minnesota Hospital for Insane, St. Peter, says:—

COMMITMENT. 1. If you refer to "sane persons" as committed by fraud or without any cause, I can say we have not had any; but I can give you the history of a few cases that under other circumstances might have been refused admission as "not insane."

Mr. P. O. A. History not known. Came to a hotel sick; was delirious, and pronounced insane by his physician, and committed to the hospital by the Probate Court December 10, and died December 15, five days after admission. His insanity was the delirium of typhoid fever, as the autopsy revealed. Death was caused by perforation of the bowels.

Miss C. A. D. Committed on account of an irritable temper; was found to have recto-vaginal fistula, which was probably the cause of her bad temper. Under proper treatment, she recovered from the fistula in due time without any surgical operation. Not considered insane; but there was cause for commitment.

Mr. J. S. Committed from jail, where he was held for trial for theft; was sent particularly for observation. He was considered not insane; discharged, and returned to the proper authorities.

Mrs. J. T. Committed by the judge of District Court, after her trial and acquittal, by a jury, for murder. Not considered insane. In due time, she was discharged as "unchanged."

Mr. J D. Committed from jail, where he had been placed for stealing. He admitted that he was an impostor. Eloped the first opportunity. There is some doubt about his insanity while in jail, but he appeared much depressed for a time.

Mr. R. J., *alias* R. H. This man was tried and convicted for breaking and entering a store in the night. The defence was "insanity." Afterward committed from State prison as insane. He escaped in due time. He was not considered insane.

2. I think the present laws, as to the commitment of patients to the hospitals for insane, are as simple and complete as possible, when the whole State is considered. If much more was required to commit, there would be many counties where it would be a great inconvenience and expense to summon more than one physician; and, as there is no doubt as to the insanity in a large majority of cases, to require more than is now required would cause delay and hardship in many instances. Some discretion is now allowed the judges; and they can summon three physicians in doubtful cases, if necessary in their opinion, to satisfy themselves as to the insanity of the party examined.

Detention. 1. The Board of Trustees legally discharge, with or without the recommendation of the superintendent; and three members of the Board are constituted a quorum for that purpose. The judges of courts, of course, have the same powers here as in all States.

2. There are some persons present who might, perhaps, live outside the hospital if they had homes or friends; but we do not intend to retain any who can be safely and properly discharged. Some, who might appear very well about the hospital, and while subject to its discipline and routine work, would not continue quiet and safe for any length of time if thrown upon their own responsibility and self-support.

3. Suitable homes among the farming population, for this class, as are now found in the Old Country as well as here, appears to be both humane and wise, and as successful as any plan that has been tried. If a large number of this class existed in any hospital, failing to find sufficient homes among farmers, I think "a colony" may be established, but at no great distance from the main hospital. Communication between the departments should be easy, and visits by officers frequent.

4. I do not believe in the separation of the chronic insane from the acute cases; and sending one class to a remote part of the State, away from a hospital perhaps, for treatment, and then returning them again if they do not recover in a certain time. I have always advocated, and still believe the principle correct, small hospitals near the centres of population, and not expensive establishments. The chronic cases deserve just as good accommodations as the acute. I refer, of course, to the general expense of the building, its external appearance and surroundings. The acute cases *cannot* be crowded as the chronic *may;* and they require more treatment and more nurses in proportion to numbers, of course.

5. At present, the superintendent permits patients to leave the hospital between the meetings of the Board of Trustees, and from the list of those on parole are selected such as the superintendent can recommend for legal discharge. This is a custom, and is not done by statute law, as it will be at some not distant day.

Dr. JAMES D. MUNSON, Superintendent Northern Michigan Asylum, Traverse City, says:—

COMMITMENT. 1. No sane person has ever been committed to this asylum.

2. The law has given excellent satisfaction, and, it seems to me, affords every safeguard to the person against illegal commitment.

DETENTION. 1. The discharge of patients is governed by by-laws, and the by-laws are as follows:—

A. "No patient shall be detained in the Asylum after the Medical Superintendent shall determine that he is of sane mind."

B. "An unrecovered patient, supported at private or county expense, may be allowed to leave the Asylum upon trial, with the approval of the Medical Superintendent, under charge of a guardian, relative, or friends, and may be received back without the formality of a new bond or order, provided that the period of absence be not longer than six months."

In addition to these by-laws, the following may be considered safeguards against the undue or prolonged detention of a recovered patient in the asylum: First, the officers of the institution have no pecuniary interest in any patient. Their salaries are paid by the State, and not by the asylum. Second, a committee of trustees visit the institution monthly, inspect all its departments, converse with patients, inquire into their condition, listen to their complaints, and report in writing at the next regular monthly meeting of the Board of Trustees the result of their inspection, together with such suggestions as they may deem wise relative to the welfare of the patients. Third, the Governor and the State Board of Corrections and Charities officially visit the institution from time to time. The fact that in nearly thirty years no person has been able to show illegal detention in our asylums speaks well for the care used in the discharge of patients.

2. The percentage of patients in the asylum who are not likely to be benefited by remedial treatment is undoubtedly large; while the number fit to be at large, without danger to themselves or others, I believe is very small.

3. By an act of the legislature of 1877, it became illegal for county superintendents of the poor, or for any other authority whatever, to consign to the county almshouse any insane person, provided there is room in the State asylums. This law is still in force, Sect. 38, Act No. 135, Laws of 1885, and operates against the return of chronic cases from the asylum to county care, unless it is to make room for very urgent and dangerous patients. In my judgment, this is a wise law, as it affords to the pauper and the indigent insane the best of treatment under State supervision.

4. A new departure has just been inaugurated in this State for the care of the chronic insane. This consists in erecting near the institution small cottages or dwellings in which the quiet and tidy, but demented, can be cared for. I would respectfully refer you to Dr. George C. Palmer's last report, and to a paper by Dr. Henry M. Hurd of the Eastern Michigan Asylum, relative to the "Colony System" in Michigan. I may add that we have a cottage for male patients that has been in use since last June, and which has proved very satisfactory. It is occupied by able-bodied men, those able to work about the grounds, and thus far there have been no escapes, no accidents; and the patients prefer living there to living in the main building. One of the advantages of cottages is that, being located near the parent building, if a patient relapses or has a recurrent attack of insanity, he can be transferred without delay or expense to the main building, and immediately be placed under proper treatment. The "colony system" has not been in use long enough for us to say what its ultimate results may be; but, so far as it has been tried, it seems the most satisfactory solution of the problem "how best to provide for the chronic insane." The advantages of the system are: 1st, it affords State care, which to my mind is preferable to county care; 2d, it affords constant medical oversight of the patients; 3d, it affords greater freedom to the patients and greater protection to the public than the county system; and, 4th, it is economical, and on this score commends itself to all. Excellent buildings can be put up at a cost of from $250 to $350 per capita.

5. I could not suggest at the present moment any modification which would improve the present procedures for the discharge and removal of inmates.

Dr. ——, Superintendent St. Louis Insane Asylum, St. Louis, Mo., says: —

COMMITMENT.

Sex.		Time in Asylum.	Age.	Remarks.
Man.	A clerk.	17 days.	30	Was arrested by the police in a semi-nude condition, and reported as having delusions of wealth. Said he had been nine months in an asylum at Trenton, N.J. Discovered no delusions while here, and no evidence of intemperance.
Man.	A plumber.	6 months.	21	Was brought here from City Hospital. Said to be a kleptomaniac. Was not intemperate. Showed no tendency to steal while here.
Man.	A teamster.	23 days.	30	Was admitted by order of Board of Health. Had tertiary syphilis. Was said to be homicidal. Manifested no violence here, and gave no evidence of insanity.
Woman.	A laundress.	26 days.	38	Came from the female hospital with hemiplegia. Said to have had religious ecstasy. Showed none here or any other signs of insanity. Was sent to poorhouse.
Woman.		1 day.	47	Was arrested by the police. Said, in report, to have the delusion that her child would be stolen. Being, to all appearances, perfectly sane, was immediately discharged.
Man.		7 days.	36	Was arrested by the police. Suffered from lead poisoning. Was reported as homicidal. Manifested no violent tendencies here, and gave no symptoms of insanity.
Man.	A dentist.	18 days.	42	Admitted by order of Board of Health. Was received from jail, where he was kept for killing a man whom he believed had seduced his wife.

Sex.		Time in Asylum.	Age.	Remarks.
				He was tried, and found not guilty, on the ground of insanity. He exhibited here no evidences of aberration.
Man.		108 days.	29	Was received from City Hospital. Very ignorant and rather weak-minded, but not insane. Was sent to the poorhouse.
Man.		9 days.	15	Admitted by order of Board of Health. Said to be demented from over-study. Was rather stupid, but showed no signs of dementia.
Man.	A teamster.	4 days.	20	Arrested by the police. Was overcome by the heat, and while in that condition picked up by the police, and supposed to be insane.
Man.		5 days.	16	Admitted by order of Board of Health. Epileptic. Reported as homicidal. Showed no violence here, and had no fits.
Man.	A machinist.	6 days.	17	Admitted by order of Board of Health. Was a stupid boy, and reported as suicidal and homicidal. Evinced no such tendencies here.
Man.		35 days.	35	Received from City Hospital. Epileptic. Had a sunstroke and fracture of skull. Said to have hallucinations. None shown here, nor any other signs of insanity.
Man.		8 days.	13	Received from a Catholic hospital. Said to be epileptic. Had no fits here. Sent to poorhouse.

The above covers the time I have been superintendent,—July 20, 1886, to February 16, 1888.

There are four modes of commitment to this asylum: -

1. By order of the St. Louis County Court.
2. By order of the St. Louis City Board of Health.

3. Under provisions of a city ordinance, which provides "that no insane person shall be kept or confined in any of the city hospitals."

4. Under provisions of a city ordinance, which provides that, "whenever any lunatic, idiot, or person of unsound mind is found by the police unprotected by guardians or friends, and in such condition as to endanger the lives and property of the citizens of the city of St. Louis, the police shall take such persons into custody, and report all the facts in the case to the chief of police, who shall immediately notify the health commissioner that such person is in his custody.

"The health commissioner, on receipt of such report from the chief of police, shall cause a careful examination to be made of such person by a physician of the health department. If, upon such examination, such person is found to be of unsound mind and an unfit person to be at large, the physician making such examination shall certify the fact to the health commissioner, whose duty it shall be to take charge of such lunatic, idiot, or person of unsound mind, and place said person in the insane asylum."

Dr. Charles W. Stevens, an eminent alienist and neurologist, and for many years superintendent of this asylum, says, in one of his annual reports: —

"I consider it my duty to call your attention to the subject of the commitment of persons to the insane asylum. No individual should, under any circumstances, be consigned to an insane asylum who is not, in reality, insane. The fact that the authorities, in some cases, are at a loss as to what else to do with an idiot, an epileptic, a drunkard, an aged person, or one in some stage of delirium, is not sufficient reason. You will perceive from the annexed tables that nearly ten per cent. of the persons admitted during the past year were not insane. This, too, without counting the idiots and epileptics.

"The social or business prospects of an individual may be entirely blasted by a mistake or error in diagnosis; and I am not sure but an action for damages might, in many cases, be sustained.

"In some of the older States, laws have been enacted by which the greatest vigilance is demanded. I am convinced, and my convictions are founded on long observation, that a reconstruction of our ordinances as relating to this subject is imperatively necessary.

"There should be only *one authority* or *one body* having power to commit, and that authority, or body, should be guided and limited by principles now so well known that, if well applied, there can be small chance of error or injustice."

DETENTION. 1. The superintendent is the only person authorized to discharge a patient.

2. Thirty-six (36).

3. It is *not* "necessary or expedient that this class should be longer detained in the asylum" only for the fact that there is no other place to put them. See answer to question 4.

4. This asylum was built to accommodate two hundred and fifty patients. Later, a cottage was erected, giving room for seventy more. We have now five hundred and fourteen inmates, and there are four hundred and twenty-five at the insane department of the poorhouse. These last have been, at various times, transferred from here, and are all incurable. The question of relief from this overcrowded condition is an important one, and is best met, in my opinion, by the plan adopted in New York, and other States, of having a central asylum for chronic inmates. This would relieve the local institutions of those who could receive no permanent benefit from treatment, and reduce the numbers to the capacity of the asylums.

5. I would suggest no change in the present plan for the discharge of patients. As I said in answer to question No. 1, this is placed where it properly belongs, in the sole power of the superintendent. But as regards the furlough, or, as we call it, the probation of inmates, there could be an improvement. On this subject, no opinion could be better expressed, or more to the point, than that given in Dr. Stevens's report of April 1, 1886, which I append: —

"The question of allowing patients to leave the asylum on probation is one which has recently on two occasions received some attention from the Board of Health and the Health Commissioner. By the term as here used is to be understood a temporary release, generally for the purpose of determining whether the patient has so far recovered or convalesced as to be able to resume previous relations, or, in other words, to be discharged; the period of probation being one month. In many cases, we regard this as more than a simple test: it is a very important part of curative treatment. In a very large number of cases, all, or nearly all, traces of their malady disappear; and we hear of them no more.

"From the opening of the asylum in 1869 to November 7, 1884, a period of fifteen years, this whole matter was left to the discretion of the physician. On the date mentioned, an order was issued by the Board of Health, limiting probation to those who had 'relatives or friends' to take charge of them. October 15, 1885, another order was issued, directing me to grant probation only to those who had 'natural or legal guardians.' I have complied strictly with these orders, and am prepared to demonstrate that in practical working the effect has been very disadvantageous both to the institution and a large proportion of the inmates. I think I can show that, if the matter had remained as it stood formerly, my report of discharged would be very much higher. The argument influencing the asylum authorities I understand to be founded on the supposition that some of the probationers might commit acts or offences for which the city could be held financially responsible,—a circumstance which has never occurred in the history of this asylum, nor, I am convinced, indeed, in any other.

"Probation is, unquestionably, the most efficient method of bringing about the discharge of patients. Under unlimited probation, the greatest number of those who are found fit to be discharged as recovered or improved are those who are, or have been, probationers.

"It is not generally known or understood, except by specialists, that insanity is a *disease*,— as clearly so as is pneumonia, measles, or dyspepsia; that it has its period of accession, its climax and convalescence; that it may, like other forms, become chronic or stationary.

"The probation of a patient, as before stated, is essentially a part of the treatment; and when, in any stage of the disease, the individual is more likely to recover by an absence from the asylum, either temporary or prolonged, the benefits of the remedy should certainly be given, whether or not the person is fortunate enough to have a legal or natural guardian.

"The orders to which I have referred, if continued in operation, must inevitably consign to hopeless confinement many who would otherwise recover. This whole question has been so thoroughly canvassed by our experienced specialists that we need not make any mistake or do evil to these unfortunate beings. I would, therefore, respectfully ask that the orders in question be revoked, and that the superintendent shall, as heretofore, have the privilege of exercising his best judgment in this important matter."

Dr. R. E. YOUNG, Superintendent State Lunatic Asylum, Nevada, Mo., says:—

COMMITMENT. 1. Will say, to answer this question will require more time than I can spare to the subject.

2. I don't see how the laws of Missouri in regard to the commitment of the insane could be improved upon, and care for the unfortunates and protect society at the same time.

DETENTION. 1. With county patients, the superintendent is supreme. With private patients, friends can take them home when they like: unless friends intervene, superintendent is supreme.

2. None; don't keep them.

3. See answer to second question.

The answers to questions 4 and 5 are involved in answer to No. 2.

Public opinion in the West, as far as I know, would not allow any superintendent of an asylum to be retained one year that would keep a person in the asylum not entitled to be there.

Dr. EUGENE GRISSOM, Superintendent North Carolina Insane Asylum, Raleigh, says:—

COMMITMENT. 1. Within the last twenty years there have been but two commitments of sane persons to this institution. One, a married lady, whose notorious infidelity to her husband became so open and defiant as to induce her father and husband to have her committed to the asylum, either believing her to be insane or to cover the shame of her conduct. I discharged her in about ten days. Her husband died soon after. She married again, and is supposed to be leading an exemplary life. The other was a case of a man indicted for wilful murder, and acquitted by the jury upon a plea of insanity, and sent to the asylum under a verdict of a jury of inquisi-

tion, according to Section 2255 of the Code of North Carolina, vol. 2 of 1883. He was discharged at the end of a few weeks as not insane.

2. The present procedure of commitment under our Code is, in my judgment, sufficient, if properly observed.

DETENTION. 1. Section 2260 of the Code of North Carolina provides: "Any three of the board of directors of an asylum, upon the superintendent certifying the facts (a copy of which certificate shall be sent to the clerk of the Superior Court of the county of settlement), shall be a board to discharge or remove from their asylum any person admitted as insane, when such person has become or is found of sane mind, or when such person is incurable, and in the opinion of the superintendent his being at large will not be injurious to himself or dangerous to the community; or said board may permit such person to go to the county of his settlement on probation, when in the opinion of said superintendent it will not be injurious to himself or dangerous to the community, and said board may discharge or remove such person upon other sufficient cause appearing to them."

2. We have a very large number of chronic incurables in a population now of two hundred and seventy-five, but none who do not need asylum treatment or protection.

3. The want of proper arrangements in the counties, either for their care or support, and the further fact that they generally belong to poor and dependent families.

4. The increase of accommodations by the erection of additions or suitable buildings to the present institutions or elsewhere in the State.

5. With our surroundings, I know of no necessary change.

Dr. JAMES W. WARD, Superintendent Trenton Asylum for Insane, Trenton, N.J., says:—

COMMITMENT. 1. None in twenty years.

2. If the certificate of two reputable physicians under oath will not afford security, I think nothing will.

DETENTION. 1. Managers discharge upon the certificate of the superintendent of recovery.

2. We have seven hundred and twenty-two in house; perhaps one-fourth of this number unnecessary.

3. Harmless dementia.

4. None.

5. I know of none.

Dr. J. F. MILLER, Superintendent Eastern North Carolina Insane Asylum, Goldsboro, says:—

DETENTION. We discharge patients whom we believe to be "cured," and some "improved"; and, if the counties would prepare suitable buildings, we would discharge a few old, chronic, incurable, and harmless patients. Our methods are exceedingly simple and unceremonious. We give a good suit of clothing, a ticket to their homes, and a small purse of money

to defray any incidental expenses, and write the sheriff of the county of discharge of each patient.

In answer to question 2 under this head, I can say I have probably a dozen patients, or more, who need no treatment and no asylum care, and *the cause* of detention is set forth in answer to question No. 1, and also *the measures* to be adopted are therein indicated, viz.: In each county, at the place where *paupers* are provided for, there should be erected suitable buildings for this class of the insane, thus relieving the asylums of a large number of patients who need no special treatment, and who are harmless, and whose places in the asylums could and ought to be filled by other insane who really need treatment and a watchful care.

In reply to question No. 5, I can offer no suggestions in the way of improvement. This hospital is exclusively for the *colored* population, and, like all our asylums of this State, is under the State's fostering care, and entirely supported by the State.

Dr. G. ALDER BLUMER, Superintendent State Lunatic Asylum, Utica, N.Y., says:—

COMMITMENT. 1. Within my personal knowledge (July 1, 1880, to September 30, 1887), seventy-two persons have been admitted and discharged from this asylum as not insane when admitted. Of these, fifty were cases of intemperance, seven were cases of the opium habit, four were liquor and opium cases combined, three were cases of hysteria, three were criminals committed by the courts,— namely, one infanticide, one forger, and one thief,— two were cases of congenital mental deficiency, one was a case of locomotor ataxia, one a case of incorrigible moral obliquity, and one a case of perverted sexual instinct, who had attempted suicide on the departure from patient's home of a man of whom he was enamoured. In addition to these, five persons were discharged from our custody on writs of *habeas corpus* by the courts. Of these patients, one was recommitted to the asylum and died here.

2. The present lunacy statute of New York State, if fully and conscientiously complied with, affords sufficient protection, in my judgment, against improper commitment. In some cases, greater pains might be taken by the certifying physicians to specify definitely the fact, or facts, on which their opinion of the patient's insanity is based. Greater security in this and other respects might be obtained by modifying the form of certificate as prescribed by the State Commissioner in Lunacy, and by insisting that in all cases of commitment the prescribed blank and no other shall be used, and properly filled out. Not infrequently, the period of time which the certifying physician has been in the actual practice of his profession is not stated. Neither is the name always given of the judge before whom the physician's qualifications as an examiner in lunacy have been certified and duly attested. It might be well, also, to give the official title of such judge, and the court over which he presides or at the time of certification presided. The lunacy certificate blank should have ample marginal instructions as to

the method of filling it out. The physician's opinion of the case should be given under two heads, namely: 1st, facts indicating insanity observed by the physician himself; and, 2d, facts communicated to him by others, together with the name in full of the person communicating such information. Any change in the present law that would involve greater delay in the commitment of a patient to an asylum, or greater publicity than is at present necessary, would be deplorable, and lead, in my judgment, to disastrous attempts at home care, and be, in so far, a hardship to patients and friends.

DETENTION. 1. Patients are discharged from this asylum under Section 26, Title 3, Art. 3, Chapter 446, Laws of 1874. Discharges occur monthly at stated meetings of the Board of Managers, when formal action is taken on the certificates of the medical superintendent. There is a committee of the Board on admissions and discharges, but the Attorney-General has held that this committee is not competent of itself to discharge.

2. We have no inmates who no longer require asylum care, unless we except convalescent patients who are awaiting discharge at the next monthly meeting of the Board of Managers.

3. Is answered by No. 2.

4. Is answered by No. 2.

5. If the committee of the Board on Admissions and Discharges were clothed with authority to discharge on the certificate of the medical superintendent in the intervals between monthly meetings, it would, in my opinion, conduce to the welfare of patients. Discharge from an asylum like admission, should be hampered as little as possible by red-tapeism and restrictions which suggest in the public mind an essential difference between general hospitals and hospitals for the insane. Legal provision should also be made for furloughs pending final discharge, in order to test the mental equipoise of the patient. This matter might be safely left to the discretion of the medical superintendent.

Dr. C. P. BANCROFT, Superintendent Asylum for the Insane, Concord, N.H., says:—

COMMITMENT. 1. Within my own personal knowledge, only one *sane* person, "exclusive of those suffering from immediate effect of intoxicants or narcotics," has been committed to the State Asylum. In this case, the circumstances were as follows: The young woman committed had personal peculiarities incompatible with those of other members of the family, and there was friction. Several members of the family were taken similarly sick, and a suspicion of poisoning arose against the first-named member; and, on the certificate of two physicians, she was sent to the asylum. After my first interview with her, I had grave doubts of her insanity. I allowed her to remain four days, when I became satisfied that she was not insane, and sent her home on my own responsibility. My predecessor (my father) informs me of one case as occurring some years ago, during his time of service. A man of low grade and violent temper made an assault on a collector of taxes who asked payment. Steps were being taken for his arrest: the relatives of

the man assumed insanity as the cause of the assault, procured medical certificates, and hurried him off to the asylum. The superintendent detained him long enough to satisfy himself of the sanity of the man, and then applied to a judge for an order of discharge, which was promptly given. These two are all the cases believed to have occurred at this institution.

2. I think there would be some advantages in having *all* commitments made by order of courts. It certainly would lighten the responsibility of the superintendent and trustees; but whether, on the whole, it would inure to the safety or welfare of the insane or diminish the liability to the commitment of sane persons, I question, when viewed in the light of the facts, as noted at this asylum. I am quite sure that only two cases of the commitment of sane persons have occurred in a period of over thirty years, and those for the reasons given above. This history reduces the liability to a very low point under the law as it stands. It is an open question whether a more public and formal method of commitment might not lead friends to defer in the earlier stages, when treatment is most hopeful. So far as I know, the Massachusetts law of commitment works well; but that of Illinois, trial by jury, is an abomination. To submit the question of treatment of a most subtle disease to a jury of men profoundly ignorant of the subject is the refinement of cruelty, in my estimation.

DETENTION. 1. Our law provides that any person committed to the asylum may be discharged by any three of the trustees, or by any judge of the Supreme Court, whenever the cause of commitment ceases or a further residence at the asylum is, in his opinion, not necessary. Our statutes provide no other methods of discharge. As a matter of practice, in ordinary cases of recovery, or such degree of improvement as asylum treatment can secure, the superintendent calls on the parties who have committed to remove the patient. This step is not taken, if it is not safe for the patient to be at large. In case of neglect or refusal of the parties to remove such patient, the superintendent or trustees apply to a judge of the Supreme Court, unless three of the trustees themselves make the order.

2. In answering this question, it is to be borne in mind that eighty per cent. of our patients are private and self-supporting boarders, and, as a rule, there is no tendency on the part of their friends to leave them here longer than is necessary, and it's oftener true that they hasten their removal at the earliest practicable time; and we always have some out on trial. What few pauper patients we have are committed by the pauper officers, to remain only till they become sufficiently quiet to reside in the county asylums, where the inmates are supposed to be chronic, and not subjects for remedial treatment. This being the fact, the pauper class do not tend to accumulate in this institution. There are none who do not require the care of some institution. Each county in this State supports a county almshouse, and each one of these has a department for the insane; and in these are an increasing number of the chronic cases, of whose condition I know little. There are among the private patients in this asylum a small number whose detention is not absolutely necessary, either for remedial treatment or the public

safety; but that number is very limited, and the reason for their being allowed to remain will be stated in answer to question 3.

3. These are quiet, chronic cases, in a state of harmless dementia in different degrees. These could be cared for in good homes, among friends, if such existed; but, in the absence of them, they are allowed the protection and care of the asylum, and, generally, with their own choice. There are none here of any class who do not depend on the care of others than themselves for protection. In my opinion, the class you refer to in question 2, as they are none of them self-sustaining and none have suitable homes, are vastly better off and happier than at any home which could be substituted for them.

4. This question is practically answered in reply to No. 3, which substantially amounts to this: they are all of unsound minds, private patients, supported by private means, incapable of self-care, often with limited means of support, drawing aid from the asylum charity funds; and for these reasons it is certain their welfare and happiness are promoted by residence in the asylum.

5. As before stated, it has always been customary, in the absence of any statute, for the superintendent to discharge patients on recovery, and those who have ceased to need asylum care longer, and also to send home on furlough those whose ability to get on well alone may be in doubt. This practice is now very common, and some are at all times on furlough. In cases where any important questions are involved, the superintendent refers action to a judge of the Supreme Court, or three of the trustees; or, if the patient in question had been committed by the Supreme Court, he assists in procuring a writ of *habeas corpus*. I am not sure that any more detailed legal provision for discharge would change the results. Whatever might be the form of law, some authority of action would have to be given to the superintendent in the absence of any special officer whose duty it might be made to discharge. There should exist in the house power in some form to discharge ordinary cases of recovery at any time.

Dr. J. B. ANDREWS, Superintendent Buffalo State Asylum for the Insane, Buffalo, N.Y., says:—

COMMITMENT. 1. During the seven years that this institution has been in operation, there have been four cases discharged as not insane, and where they were not suffering from intoxicants or narcotics. One of these occurred in 1883; the other three occurred the past year. The first was a case of a woman who had a miserable drinking husband, who depended upon her largely for his support. From hard work and underfeeding, she became considerably reduced in flesh and strength, nervous and hysterical. In a period of disturbance with her husband, she became violent in her threats, was arrested and taken to the station house, where her condition was investigated, and she was sent to the asylum as insane. Pains were taken to ascertain all the facts of the case; and she was found to be sane, but suffering from the results of the abuse and violence and drinking habits

of her husband. She preferred to continue in the asylum for a few weeks till she had regained her health, when she went out, and has since remained well. She has been under the watchful care of some good ladies in the city, and her husband has also improved in his habits, both of which make all the difference in her condition.

Of the three cases discharged as not insane, one was committed to the asylum by order of a court upon the finding of a jury, who brought in a verdict of not guilty by reason of insanity.

In one case, a more than usually protracted period of delirium in the early stages of typhoid fever was mistaken for insanity; and, in a third, the violent conduct and threats of a man much broken in health, instigated by family discord, led to his temporary stay in the asylum, much to the good of all concerned. In none of these cases can any blame be attached to the physicians making out the certificates. They were errors of judgment from a too limited period of observation and from the necessity of immediate action. It has never been my misfortune to find in any case an effort on the part of medical men to declare a man insane and commit him to an asylum from any improper motive.

One strong safeguard against error is found in the general practice of having the family physician as one of the signers of the certificates. He is familiar with the peculiarities of the patient and with his domestic relations, and is therefore in the best position to judge of the changes indicative of lunacy, and of the propriety and necessity of commitment to an asylum.

Dr. P. M. WISE, Superintendent Willard Asylum for the Insane, Willard, N.Y., says:—

COMMITMENT. 1. Exclusive of patients suffering from the effects of intoxicants or narcotics, no patient has been admitted to this asylum within the last fifteen years who was not manifestly insane. I speak positively upon this point, as it has been brought to my attention during the last few months, and I have examined the records and books very fully, not depending upon my memory or recollection of the facts.

2. It occurs to me that the great fault in the present procedure of commitment to asylums in this State lies in the fact of judicial carelessness and negligence. If the judge was required to give an order for asylum commitment, he would feel the responsibility of the commitment resting upon him, and would satisfy himself that the patient was a proper case for commitment to an asylum, either by having the fact of insanity determined by a jury or by extended examination. At any rate, a conscientious judge would not act upon an imperfect certificate, where he was expected to give the judicial order for commitment. I think the right of jury examination should rest with the court, and not upon demand of the patient. Then there should be, further, an opportunity for summary commitment to asylums temporarily, in cases of urgency. In a doubt of the court, the necessary delay, which would be great in case of an examination of the patient by impanelling a jury, might result seriously for the patient. Five days' com-

mitment to an asylum in all cases temporarily would not result in any injustice.

DETENTION. 1. Patients are discharged from this asylum in accordance with Chapter 178, Laws of 1885, copies of which are enclosed, marked No. 4. Patients can be discharged upon an execution of an undertaking, approved in amount and sureties by the county judge, on form of bond enclosed and marked No. 5. Patients who are harmless and will probably continue so, and will not improve by further treatment in the asylum, can be discharged upon the certificate of the superintendent to that fact, and after friends have made application, and said application is approved, and the committee on discharge of patients of the Board of Trustees, or the Board of Trustees when in session acting favorably on the case.

2. I should estimate that two hundred patients in this asylum could reside out of it with but slight supervision, and that their retention in the asylum is not necessary, either for remedial means or for protection of the public.

3. The cause for their being long detained in the asylum is that they have no friends who are willing and able to undertake even the slight supervision necessary for their care, or that they have no friends or home at all to go to.

4. This class, if properly supervised, might be put into homes or boarded out in families, in accordance with the Scotch system or with the system being tried in Massachusetts; but they should have frequent official supervision, or else they would become family or household drudges, and would be more liable to abuse than in a county almshouse. However, this class of patients assist in lowering the rate of maintenance in our State asylums by their help, and are usually contented and happy; and therefore, in view of the fact that they are a saving element to the State and that they are rendered comfortable, it would seem unwise to remove them from the State asylums.

5. I think there are no modifications necessary in the present procedure of the discharge of patients, except in permitting the superintendent, under proper restrictions, to grant furloughs to patients he may think would be benefited thereby, and in those cases where friends request a trial of care at their homes, without the necessity of again recommitting them to the asylum in the formal manner of the original commitment.

Dr. SELDEN H. TALCOTT, Superintendent of the State Homœopathic Asylum, Middletown, N.Y., says:—

COMMITMENT. 2. All physicians in good and regular standing should be eligible to the position of medical examiners in lunacy. But, before accepting these responsible positions, they should be compelled to fit themselves for their delicate and trying duties by a course of special study in mental and nervous diseases. All legally incorporated colleges should favor their students with an adequate course of lectures upon these subjects.

Physicians should be authorized to act as medical examiners of lunacy

only after they have been in actual practice for at least seven years. Pythagoras required of his pupils the study of a question in philosophy for seven years before he permitted them to express an opinion. And, in the commitment of the insane, as much preparation should be required of medical examiners, by study and by the acquirements of a practical knowledge of insanity through practice and experience, as the great philosopher required in the expression of opinions upon abstract subjects.

Before a physician is commissioned as a medical examiner in lunacy, he should appear before a judge of a court of record, and develop the fact that he is possessed of the qualifications required in the preceding sections.

When a duly qualified medical examiner in lunacy makes a certificate in a given case of insanity, he should not only swear to that certificate, but he should incorporate such a number of plain and palpable evidences of insanity as will enable the judge to not only approve it, but, upon such evidence, the judge should be enabled to grant a judicial order of commitment.

Each judge of a court of record should be compelled to examine carefully the evidences of insanity recorded in all certificates presented to him; and, if satisfied with such evidence, he should then be required to give an order of commitment in each case; and, if not satisfied, he should either summon before him the physicians making out the certificates, for further examination, or call a jury to decide the case, in his discretion.

After a patient has been examined, and the certificate of lunacy prepared by two physicians, and a judicial order has been issued by a judge of a court of record, upon the evidence in such certificate, at least fifteen days' time should be granted in which to secure said patient's admission to an asylum.

If it is necessary, in an emergency, to send a patient to an asylum immediately after he has been examined by two physicians, and before a judge's order has been obtained, then fifteen days' time should be allowed the judge to examine the evidence given by the physicians before he makes his final order of commitment. And it should be made legal and proper for the authorities of an asylum to receive and care for an excited case, in an emergency, for fifteen days before receiving the order of commitment from a judge of a court of record.

Detention. In addition to the present facilities for discharging patients after recovery, there should be a board of lunacy commissioners, empowered to examine all convalescent cases at least twice a year, and confer with the superintendent and unite with him in the responsibilities of discharging all who may have recovered.

The law should empower the superintendent of an asylum more specifically than it now does with the right to parole patients, and allow them to leave the asylum in charge of their friends, for any term that he may deem expedient; granting also, to the friends the privilege of returning such paroled patients in case of relapse at any stated period ranging from one month to one year.

By the aforenamed measures, the commitment of insane persons to asylums would be continued upon a medical basis, and yet these commitments would be guarded by every needful judicial care and requirement. The sending of an insane patient to an asylum during the early portion of his disease should be made as easy as possible; and yet such disposal of a patient should be made consistent with the vested rights to life, liberty, and happiness of the individual citizen. A ready facility for committing patients to asylums for hospital treatment should be had, in order that cures, in the early stages of insanity, may be effected in the largest possible number of cases. After commitment, the patient should be examined at stated intervals by impartial and specially skilled examiners; and they should be discharged or paroled as quickly as the interests of the patient and the safety of the community will admit.

Dr. E. H. HOWARD, Superintendent of the Monroe County Asylum, Rochester, N.Y., says:—

COMMITMENT. 1. There has been no case of a perfectly sane person committed as insane within my personal knowledge. Patients who were, in my opinion, not sufficiently insane to require asylum care have been paroled by me within a few days of their admission. They were cases in which there was a difference of opinion held by the physicians in attendance.

2. In my opinion, the court should be required to make a more extended examination and record of each individual case, and be required to take and record testimony additional to that of the two physicians; also, to *make an order*, even in pauper cases, and assume all the responsibility of depriving the patients of their liberty.

DETENTION. 1. Patients can be discharged by the physician in charge when sane. Patients still insane can be discharged by the court upon sufficient evidence that it is safe and proper, both as regards the patient and the public. Patients still insane are paroled in the care of friends or upon their own responsibility by the physician in charge, as a part of their treatment, and very frequently remain at home or maintain themselves. If such patients remain at large more than one year, a new committee is required (exactly the same as if they had never been adjudged insane), before they can return to the asylum.

2. I find only two such cases.

3. They both are without home or friends, and are anxious to remain; they make it their home at the asylum, and assist in the work of the institution; they set a good example of obedience and industry to other patients; they are physically unable to maintain themselves, and are sensitive about being sent to the "poorhouse."

4. If this class could have kind relatives who had a home in the country, they might possibly be cared for by such relatives at such a home as suitably as at the asylum.

5. In my opinion, the present system of parole in the care of relatives by consent of the superintendent of the poor should be legalized, in order that the physician can be legally protected in such plans of treatment.

Dr. G. N. FERRIS, Superintendent Kings County Insane Asylum, Flatbush, N.Y., says: —

COMMITMENT. 1. Two certificates of lunacy made according to the prescribed form of the State of New York. An affidavit stating residence, means of support, and containing a request that the lunatic be sent to the asylum, signed and sworn to by the nearest relative of patient whom we can obtain. In absence of all relatives, an application to the court by one of the commissioners of charity and a warrant from one of the county judges (see enclosed forms gotten up by Mr. Short, and we believe in use only in this county).

2. The following seven cases not considered insane have been admitted during the past five years: —

Case I. G. C. R., male, 57 years, England, painter; admitted August 3, 1883, discharged August 8, 1883. Was arrested roaming aimlessly about the street; was a little depressed; said he was a failure (probably the truth); had neither home nor relatives, and was therefore taken before a judge of the city court, who decided he was not insane. He was discharged to the almshouse.

Case II. J. W. F., male, United States, 47 years, clerk; admitted February 3, 1884, discharged February 28, 1884. Came of neurotic family, had had an unhappy married life, well educated, but visionary, and had an idea that a flying machine could be invented; had spent some money perfecting one. We could discover neither delusions nor hallucinations. Wife insisted upon our keeping him. We did not consider him a fit case for the asylum, and referred the case to the judge who had approved his commitment papers. The judge ordered patient's discharge.

Case III. F. B., male, United States, 19 years, clerk; admitted August 2, 1884, discharged August 20, 1884. Had had occasional epileptic fits, was a spoiled child, high-tempered, wilful, excitable at times, hysterical. Could find neither delusions nor hallucinations. He was discharged in care of his father.

Case IV. M. P., female, single, United States, 38 years, no occupation; admitted February 21, 1884, discharged September 7, 1885. Vain, silly, extremely fond of male society, would roam about streets late at night, would abuse her aged mother when remonstrated with. Did not seem to have delusions or hallucinations, but was affected, irritable and hysterical. After much deliberation, was considered an improper case for asylum care. As she wished to have an old dislocation of the shoulder treated, she was discharged to the Kings County Hospital. Readmitted January 2, 1886, discharged January 30, 1886. Was sent from Kings County Hospital, where she had been since discharge. At hospital, had been high-tempered, abusive, and disturbed the peace. Here she would be saucy and troublesome at times, but, when threatened with seclusion, would conduct well. Some property having been left her, she was taken before a Supreme Court judge to have a committee appointed; but the jury decided she was not insane. Re-

admitted August 31, 1886. Mother claimed she threatened her personal injury, was continually roaming about the streets with strange men, and was uncontrollable. Is still in asylum, does some work, is at times boisterous and immodest, but has neither delusions nor hallucinations.

Case V. M. C., female, single, United States, 38 years, no occupation; admitted October 25, 1885, discharged November 1, 1885. Somewhat nervous and absent-minded, but seemed to have neither delusions nor hallucinations. Sisters not very bright; did not seem to realize what an asylum was, and were willing to take patient home.

Case VI. M. E. M., female, single, United States, 17 years, no occupation; admitted March 4, 1886, discharged April 21, 1886. Sent here from the Penitentiary, where she had been committed for vagrancy and had been very troublesome. Was a high-tempered, saucy, immoral girl. Had neither delusions nor hallucinations. Was discharged in care of her sister.

Case VII. M. W., female, single, Ireland, 32 years, domestic; admitted March 14, 1887, discharged March 17, 1887. Relatives claimed she had delusions of poisoning, walked the floor and prayed all night. Patient conducted herself well here, and we could discover no delusions.

3. We consider the present procedure as best for our class of patients.

Detention. 1. Patients recovered are discharged by the medical superintendent, either in care of their relatives or upon their own recognizance. Patients improved and unimproved are allowed to go out with their friends, on probation, with the understanding that their friends report their condition every two weeks, and may return them to the asylum without new certificates. These patients are either discharged or returned within a period of three months.

2. The majority of our cases are suffering from chronic mental diseases, and do not need medical treatment; and but few of them might prove dangerous to the public.

3. By reason of their mental derangement, they are not able to care for themselves; but many can do some work under proper supervision. Their relatives are poor, and cannot stay away from work to look after them. It becomes a question whether they shall be kept at the asylum or the almshouse. Usually, at almshouses, there are no care-takers who see that these cases are properly cleansed, fed, and clothed.

4. An agricultural community, where great liberty could be allowed to all, and where many could earn their own support by working under supervision.

5. We think it advisable, for the interest of all parties concerned, to have a commission of physicians or physicians and lawyers appointed, who shall determine the advisability of allowing certain patients to leave the asylum. Take Case IV., given above: she has been twice discharged as not insane, and still she comes again, legally committed. Ought the responsibility of discharging such a case to rest wholly with a superintendent?

Dr. JOHN B. CHAPIN, Superintendent of the Pennsylvania Hospital for the Insane, Philadelphia, says: —

COMMITMENT. 1. I have been familiar with admissions to four asylums for the insane during portions of thirty-four years that I have been connected with them, and I have never known of a single instance of the intentional commitment of a sane person as insane, nor of a single attempt to make such commitment; and I have no cases to report as coming within my personal knowledge.

2. So far as I have observed the operation of the lunacy laws of Pennsylvania, and assuming that the public demands some form of commitment, I have no modifications to recommend. I have observed, however, a strong reluctance on the part of physicians to certify to insanity in the early stages, and a similar reluctance on the part of friends to have relatives formally declared insane, which is not unusual. As a consequence, the majority of patients are not certified until insanity is fully developed, and the insanity manifest to even the unskilled observer. Patients are commonly received in the chronic stage more frequently, I am told, than formerly, when a larger number of acute cases were received. Some vexatious law-suits, or the fear of them, have probably made the profession more cautious; and some physicians absolutely decline these cases. I think this result has followed lunacy legislation elsewhere. Several patients threatened with insanity, and in the incipient stages, have voluntarily requested admission into this hospital, and have been received and discharged recovered.

DETENTION. 1. Patients are discharged when recovered, and may be removed by friends or relatives, on request, at any time.

2. The number of patients in this hospital who do not require asylum care for *medical treatment*, or because they are dangerous to the public, is probably thirty.

3. They are partially demented, harmless, stationary cases, who do not require medical *treatment;* but they require medical *inspection*, *visitation*, and the custodial care of the hospital for the reason they have not the capacity to care for themselves, have no home, or friends able or willing to care for them, or because the hospital can render the necessary care better and at a lower cost than it can be furnished at home, and is a place approved by long usage and under the forms of law. As to the necessity or expediency of detention of such cases, the hospital leaves this question to the legal guardians, and others responsible for the care of patients, after determining that the form of commitment is legal, and the condition of the patient is insane, or that the patient is of unsound mind.

4. It is assumed this question has no application to patients in this hospital. If it is intended to apply to the "number" stated in answer to question 2, then I reply, No measures could be wisely adopted, and no *present* public or official sentiment, to my knowledge, requires other measures, for the suitable care and protection of this class "elsewhere and otherwise"

Dr. JOHN CURWEN, Superintendent State Hospital for the Insane, Warren, Penn., says: —

COMMITMENT. 1. We have had no cases of the commitment of sane persons. I believe our present law regulating the admission of patients is amply sufficient to prevent sane persons being sent to the hospital.

DETENTION. 1. Patients who recover are discharged after they become entirely restored, on notification to those who are responsible for their expenses. If not restored, they can be removed by the authorities who placed them in the hospital, and, in cases of certain parties, with the consent of the Committee on Lunacy.

2. We have no patients who do not require detention in this hospital, or in some place where they can be controlled, for the reason that they are either unable to take care of themselves or are dangerous in one way or other to the public. I do not think any of this class could be properly and safely taken care of except in some hospital or building specially arranged for their care and treatment. I would not recommend any modification of the general proccdures for the discharge, removal, or furlough of inmates, unless to place them in some institution where they would have careful supervision and management, to protect them, their families or relatives, and the community at large.

Dr. S. S. SCHULTZ, Superintendent State Hospital for the Insane, Danville, Pa., says: —

COMMITMENT. 1. Patients are committed to this, as to the other four State hospitals of the Commonwealth, in two ways: first, on the medical certificates of two physicians, as indicated on the enclosed blank; second, by an order of court, or the law judge thereof. And this is done under various circumstances: (1) Any person may apply to the court to have an insane person committed to a State hospital. This makes it the duty of the court, by commission or otherwise, to ascertain the facts of the case, and, if the course is warranted, to commit the person. (In some counties, the court sends in this way nearly all the insane to hospitals; in other counties, they are committed on medical certificates, as indicated by enclosed blank.) (2) A convict, while undergoing punishment, is transferred from penitentiary or jail to a State hospital, when found insane. (3) A person in jail awaiting trial may be similarly committed. (4) A person acquitted of crime on account of insanity at the time of its commission, if not cured when tried, must be committed to a hospital.

2. Since the opening of this hospital fifteen years ago, 2,808 admissions have taken place. My opinion is that not one of these was of a sane person, excepting, of course, "those suffering from the immediate effects of intoxicants and narcotics." There is, of course, no absolute standard of sanity or insanity, nor of the necessity of hospital treatment. A well-to-do, intelligent family, where the Christian law is carried out that when one cheek is struck the other must be turned also, may take care of an insane person at home, and no harm result. But, if this same person is to live

where the law is an eye for an eye, then the insanity soon becomes developed into activity and violence, so that removal becomes imperative. The idea is that, in all these admissions, there was such disorder in the mental and moral operations, caused by brain defect or disease, as to make it improper for the person to live where Providence had appointed his lot, and to constitute the commitment into a hospital a positive good to the individual and to the community.

3. The experience of the hospitals of this State, I think, fully warrants the statement that the present law gives adequate security against the admission of sane persons; at least, no fact has been brought to my notice that would sustain a contrary opinion. Nor do I see, on the other hand, obstacles in the law which make the commitment tedious, or, in its necessary antecedent processes, harassing or injurious to patient or friends. Needless hardship, no doubt, occurs; but this is the result of ignorance or the want of fidelity to duty on the part of those who are charged with the execution of the law. As laws do not execute themselves, the remedy for this is not in altering the law, but in the improvement of the character of the voter who makes the official.

DETENTION. 1. A hospital for the insane is like any other hospital. When the patient is restored or has become well, the reason for his being in it any longer ceases to exist, and he is discharged. This duty belongs to the superintendent and chief physician, and is performed by him according to his best judgment. This is the rule. There are exceptions. When a patient is committed by court, the terms of the commitment may require a different course. He may be an insane convict, and have an unexpired sentence to meet; but, whether this be so or not, an order from the court is necessary for his discharge. This is granted only on the sworn statement of the superintendent that a cure has taken place.

The Committee on Lunacy have the authority to discharge a patient after complying with certain formalities, except in the case of insane criminals.

Patients have practically unrestrained privileges of correspondence with judges, lawyers, friends, Committee on Lunacy, officials, editors of papers, so that it would seem impossible for any one to be improperly detained, at least for any length of time.

2. From the answer to the first question under the head of Detention, it is to be inferred that there is no such class in this hospital.

There are, no doubt, patients in every large hospital who could be at home if they had a home to go to. But, as their circumstances and the world are in which they must live when out of a hospital, their fate is either to be a so-called "perfectly sane man incarcerated" or a neglected, friendless, actively insane person, whose true condition is apparent to every one. It appears to me that the intelligence and ingenuity of philanthropists should be equal to the task of devising an institution half-way between the home and the State hospital, that would suitably accommodate this class of

people, who, in their moral and mental weakness, are more in need of protection from the cruelty and rapacity of their fellow-men than the public is of security against their insane acts.

5. We have authority to give furloughs for thirty days, but in "no case" longer. It seems to me this time should be extended to two months, at least.

Dr. J. Z. GERHARD, Superintendent Pennsylvania State Lunatic Hospital, Harrisburg, says: —

COMMITMENT. 1. In our Report for 1887 are two cases reported that had been committed as insane persons; and they are the only two that ever came within my personal knowledge, or that were ever committed to this hospital and discharged as not insane. One of them was a convict from the Eastern penitentiary, and was sent to us by order of court on the recommendation of a commission. He was a colored man. He did not show any symptoms of insanity while here, and seemed to have as much intelligence as other persons in his condition of life. As he was industrious and anxious to make money, I allowed him to work on the new buildings and to keep all he could earn. After he had saved $30, I applied to court for an order to discharge him, which was granted; and he left the hospital a happy man. The second case was sent to us on an order of court from Schuylkill County. He was a convict, gave the officials a great deal of trouble, was pronounced insane, and sent to us. We could not find any evidence of insanity, and soon saw that he would take the first opportunity to escape. It was thought best, however, to keep him under observation for a short time; and he was given the same liberty as the other patients on our strongest and most secure hall. We did not think it right to place him under restraint. He managed to secure a special key, unlocked the ward door, and made his escape. I reported the fact to the officers of Schuylkill County, and gave it as my opinion that he was not insane. A few days afterwards, he was arrested, sent back to jail, and showed no signs of insanity.

2. I have no suggestions to offer which I believe would give greater security against the liability of committing sane persons as insane. I think our procedures of commitment give ample security on this point.

DETENTION. 1. Private patients can be discharged at the request of the friends at any time by the superintendent, and must be discharged by him when they have recovered. Indigent patients, so long as they have not recovered, can only be discharged by consent of the Committee on Lunacy; but, when they have recovered, they can be discharged by the superintendent. Cases committed by court, except when indigent, are discharged by order of court on recommendation of the superintendent. Just so soon as inmates of this hospital no longer require asylum care, we discharge them.

2. I believe that the inmates of this hospital can all be better cared for here than elsewhere; and, in my judgment, it is not necessary to adopt

any measures to remove any class from the hospital, and provide for them elsewhere and otherwise suitable care and protection, except certain convicts and a few other dangerous insane, who could be better cared for in a special hospital.

3. In my opinion, I see no reason why the present procedure for discharge, removal, or furlough of inmates should be changed. If the friends of patients were differently situated, and would have suitable appliances, the necessary means, and the patience to take care of them, probably one-half of the patients who are here could be cared for in their own homes; but, situated as the friends are, I believe very few, if any, patients could be so well cared for or would be as comfortable as they are here.

Dr. D. R. WALLACE, Superintendent North Texas Hospital for the Insane, Terrell, says:—

COMMITMENT. The law requires the *accused* of insanity to be brought *vis-à-vis* with a jury of six competent jurors in the *court-house*, to undergo trial under a *writ de lunatico inquirendo.*

1. Know no cases of any interest.

2. "The modifications of the present procedures of commitment to Texas asylums," I would suggest, would be one wiping from the statute book the execrable trial by jury features, giving no more security against the commitment of the sane as insane, but throwing such obstacles in the way of the commitment of the insane requiring asylum treatment as in some cases entirely to deprive of it, and in all cases to delay, and causing always the greatest possible disturbance and hardship to both patients and friends. Do not regard these propositions as requiring argument. They are obvious, self-evident to all intelligent persons, except the members of the legislatures of Illinois and Texas.

DETENTION. 1. It rests entirely with the superintendent.

2–3. Is too indefinite to frame an answer for it. Among the something over four hundred inmates here, I would say that two-thirds probably require no treatment of their mental condition, cannot be benefited by remedial measures; and I think it would be approximately true to say that one-third of these might be cared for outside, or from under the restraint of a hospital for the insane, were there provided such eleemosynary foundations in the country as are suitable for the purpose. Great numbers of these unfortunates are retained upon considerations of humanity. They do not want to go, having no home to go to; and the knowledge, if sent out, numbers of well-bred people that have been accustomed to the comforts and not a few of them to the luxuries of life, restrains one, whether he will or not, from throwing them back on the counties, where they will be cared for on poor-farms, wholly unsuited to such persons, and unprovided with any of the comforts to which they have been accustomed.

4. As already intimated in answer to 2 and 3, suitable houses of refuge, or *asylums*, in the proper sense of the word, where they could receive such

provision for their welfare and comfort as humanity would dictate. Lunatic hospitals, in my judgment, are no' the places for such patients. They should be for the treatment and restraint of the insane requiring one or both.

5. In regard to this question, do not know that there is any modification needed, other than is implied in above. As it is mentioned, and I am myself a little cranky on one point, I beg to submit a few reflections, which, though not in answer to your questions, I am convinced are not without their importance in the management of this unfortunate class: I refer to a judicious system of furlough. A quotation from the report of 1885 will put you in possession of the views entertained on this subject by the superintendent of this institution, viz.: "Much has been said, in some quarters, in regard to discharging patients prematurely, imperfectly cured, etc. Harm, to be sure, is sometimes done in this way. At the same time, it is believed those having the custody and management of the insane would do well to lay it to heart that

'There is a tide in the affairs of men,'

insane as well as sane, taken advantage of, — the result, mental health, happy homes; neglected, the shallows and quicksands of wrecked mentality and desolate hearthstones; that, in very truth, there are in this age of overgrown asylums, rather than hospitals, such actual occurrences and persons as asylum-made lunatics, as they are aptly called by an eminent English psychologist. There is a class of the insane who, as soon as they are awakened to a full realization of the situation, to a consciousness of their surroundings, simultaneously become the subjects of a most intense desire for the companionship of friends and relatives at home. This is not a morbid, but natural feeling, and should, in the best interest of its subjects, find gratification at once. If there be any circumstances, surrounded by which it is pre-eminently true that

"Hope deferred maketh the heart sick,"

they will be found just here. In this class of cases, and at this crisis, the cure is helped on, not interfered with, by a return to home and friends. It requires, to be sure, tact, experience, discrimination, to select the cases and to return them to their homes at just the right time. There is more hazard in these cases of retaining under restraint too long than in returning home too soon, seldom any harm to these persons in visiting home and friends. But it happens not seldom, this critical period allowed to pass unimproved, the mental heavens become overcast, the patient begins to droop, mope, brood; in the words of the great anatomist of insane as of sane minds,—

"Falls into a sadness; then into a fast;
Thence to a watch; thence into a weakness;
Thence to a lightness; and, by this declension,
Into the madness wherein now he raves."

He sinks into an asylum,— made lunatic.

> "I might not this believe,
> Without the sensible and true avouch
> Of mine own eyes."

But this too often, to longer doubt. Than this result, better sent back from home to the asylum a dozen times. In this, as in the other case, there is no stereotype rule. A little plain common sense discounts all theoretical calculations and dogmatic *dicta*.

I also wish to add the views of the noted Dr. Goldsmith, superintendent of the Butler Hospital, Rhode Island, as taken from his Annual Report for 1888, as follows: —

"It is my experience that occasionally patients, to whom the associations of severe mental disease have given a confused and distorted impression of their surroundings, find familiar scenes reassuring, and improve faster when removed from the hospital before convalescence is complete; and I often advise this when the conditions outside the hospital are favorable."

Dr. J. D. MONCURE, Superintendent Eastern Lunatic Asylum, Williamsburg, Va., says: —

COMMITMENT. 1. No sane person has been sent here, except a few inebriates.

2. The commitment of sane persons, except cases of habitual drunkards, is so rare in this State that we need not take it into consideration.

DETENTION. 1. Patient is discharged whenever, in the judgment of the superintendent, he is restored, or whenever his friends give bond for taking care of him at home; or when the friends are willing to take him, and he is, in the opinion of the superintendent, incurable, but harmless.

2. About fifty or sixty.

3. They are unable to take care of themselves, and have nowhere to go and no one to look after them.

4. They are better provided for at the asylum than they would be anywhere else.

5. The present method has given satisfaction in this State.

Dr. J. W. WAUGHOP, Superintendent Hospital for the Insane in Washington Territory, Fort Steilacoom, says:—

COMMITMENT. 1. "Not insane." Many are committed temporarily insane from drink. None have been committed from wrong motives, I think. The following in twelve years were not insane: —

(1) Pauper, male, Bavarian, aged forty-seven. Kept seventeen days, and discharged. An ordinary pauper.

(2) Female, American, aged thirty-one, committed as having "mania and melancholia," and homicidal. No insanity developing, was discharged after thirty days' detention.

(3) Feigned, to escape prosecution for robbery. Man, aged twenty-two. Kept eight days. Tried and convicted of robbery.

(4) Child, female, aged eleven. Depraved in morals, and committed for lack of better place. Kept fifty-two days. Gone to ruin since.

(5) Half-breed Indian boy, aged fifteen. Rather of a malicious turn. Inclined to be cruel. Kept twenty-four days.

(6) Woman, aged fifty-four. Totally helpless from paralysis for three years. Returned to county in a few weeks.

2. Our law seems about as good as can be made. I know of no case in the history of this institution committed from evil motives.

DETENTION. 1. Patients are discharged from the hospital "when, in the judgment of the superintendent, it may be expedient." Probation is used liberally, and usually with good satisfaction.

2. Probably one-half, who need no remedial treatment, and who would not be dangerous to others.

3. None of these could get on in the world alone. Many could earn their living if they had homes and protectors. Not having these, they have to be retained.

4, I know of no other place but a poor-farm, and I do not consider that this would improve their lot.

5. I do not know of any.

A. O. WRIGHT, Secretary State Board of Charities and Reform, State of Wisconsin, Madison, says;—

COMMITMENT. 1. In Michigan, we have but one method of commitment,—by a judge of some court of record. This is almost always the county judge (that is, the probate judge); and all papers must be filed in his office. Two physicians are appointed by him to examine and report, but he is not bound by their report. A jury may be called for, and sometimes is called for in disputed cases. The blank form will be sent you by the superintendents of the hospitals.

2. *Discharge.*— We have several ways of doing this.

(*a*) The superintendent of the hospital may discharge a patient *recovered*. This restores to civil rights.

(*b*) He may discharge a patient *not recovered* to the custody of his relatives or of the city authorities. This does not restore to civil rights; and the patient may be returned to the hospital on his old commitment papers, which is sometimes, though rarely, done.

(*c*) He may give a patient a *leave of absence*. This is not often done in the State hospitals, but is largely practised in the city asylums. About one hundred are now absent on leave. All of these, if they do well, will stay permanently, and be fully discharged after a while.

(*d*) A patient may be released on a writ of *habeas corpus*.

(*e*) A rehearing may be demanded at any time for a patient, either before the county judge of his own city or of the city where he is held. The proceedings are exactly the same as in an original case, including jury trial. This form is sometimes used, and we recommend it in all doubtful cases.

(*f*) He may escape, and not be brought back. This is meant in all seriousness. Such patients are rarely pursued, and, if able to take care of themselves at home or elsewhere, are let alone. I have known cases where patients have escaped and hired out to farmers for a long time, without it being discovered that they were insane. Probably the fact of being in the wards was the only positive proof of insanity, in the later months of their stay at the hospital.

3. *Commitment of Sane Persons.*—Very few such cases are heard of in Wisconsin. One recent case, heralded in the newspapers, was a literary man whom I had seen, who was a *crank*. His mother had him committed. The superintendent declared him not insane, and he was released. That is the only case I know of in recent years.

4. My views as to the commitment and detention of the insane are as follows: Our ways in Wisconsin are about right, except as to one class of persons,—the feeble in body and mind, who are not specially troublesome or dangerous. These should be sent home, whether the relatives wish to receive them or not. We also have many insane shipped in here or who wander here from other States. We need an interstate extradition law for insane and paupers.

Dr. RALPH L. PARSONS, Superintendent Private Asylum, Greenmont, Sing Sing, N.Y.

COMMITMENT. 1. That no persons have been sent to Greenmont as insane who were really sane.

2. Although certain changes in the forms and in the methods of commitment might facilitate the process of commitment or of transfers, I do not think that any radical change in the principles involved in the present methods would give greater security against the liability of committing sane persons as insane and yet secure the commitment of the insane requiring asylum treatment and custody at the earliest practical period and with the least disturbance and hardship to patients and friends.

I do not believe the intervention of a jury nor the additional intervention of a judge would afford any real safeguard, if any such were needed. It is my own belief that the medical men in charge of asylums are competent to correct and may be trusted to correct such mistakes as may possibly be made in the commitment of alleged lunatics or in their discharge, when they no longer need asylum care. It is difficult to understand why a physician should become less wise or less honest after becoming connected with an asylum than he was before.

But, if the suspicions or jealousies of some portion of the public have been so aroused and excited that some change is required, and if it be desired to make the change of possible advantage, I would suggest the appointment of a sufficient number of commissioners of lunacy who are really experts in the diagnosis of insanity, and make it the duty of these commissioners to personally investigate each case immediately before or immediately after the examining physicians have done their work, and so to aid

the committing judge by their disinterested, expert knowledge, as agents of the State. Certainly, I do not believe the facts warrant any such provision, at least in so far as the protection of the sane is concerned; but I do not see how anything short of some such provision would prove a greater safeguard than now exists.

In concluding this subject, I would submit the following suggestions:

1. That the physician should state the grounds of his opinion under two separate heads: (*a*) facts he has himself observed, designating the dates of observation; and (*b*) facts observed and stated to him by others, stating the date when these facts were observed by them and the opportunities for the observation of these facts and for gaining a knowledge of the normal and diseased state of the alleged lunatic.

2. That the name and address of the witness of these facts be given in the affidavit, and also that the doctor state the degree of credibility to which he thinks the witness should be entitled, or at least some statement about his presumed reliability.

3. The power, if thought advisable, to have these statements made in form of an affidavit before a notary or justice, in like mannner as the examining physician makes his affidavit to the facts he has observed.

Then, when the doctor's certificate came before a judge for his approval, the judge would have the source from which all the facts were obtained, in case he wished to review the case.

A reason for having affidavits of the witnesses of facts not observed by the examining physician is that this class of facts is often of more importance than those observed by the physician. Further, I am disposed to think that, under the present arrangement, the physician sometimes does not observe any facts at all, and so makes an affidavit to facts stated to him by others, as though he had observed them himself. The provision suggested would obviate this difficulty and lead to more exact statements.

DETENTION. 1. Patients are discharged by my advice or at the desire of their friends.

2. None.

3. I do not clearly comprehend the purport of this question, unless it is intended to inquire whether it may not be at times proper to have certain sane persons confined in asylums, and why. If this is meant, I would reply as follows: —

No man is wise enough to decide the precise moment when a patient ceases to be insane and becomes sane. Recovery is usually a gradual process, accompanied by perturbations of better and worse. So safety requires that the patient be retained until he is *evidently* sane. This means that there must be at all times convalescents in all large asylums who are already sane. A probationary period is required, to determine whether undoubted sanity is thoroughly established, so that the patient may safely undertake the responsibilities of ordinary life. During this probationary period, asylum life is made agreeable to the patient, so that no other provision is

necessary for the patient, although some other provision might be as well in most and better in some cases and at some asylums.

Again, there are cases of epileptic mania and of other forms of recurrent mania in which the patient is sane the greater part of the time, and yet in which, owing to the nature and suddenness of the attacks, the safety of the patient and of the public requires that he be secluded even during his lucid intervals.

4. At Greenmont, the treatment is so individualized that no measures are required to provide for convalescents elsewhere, save reasons which pertain to each particular case. For instance, a probationary trial elsewhere than at their own homes is sometimes advised, when it is no longer necessary for them to remain here.

5. I think furloughs should be legalized, if they are not now strictly and unmistakably legal, so that patients may leave an asylum for a definite time on probation, and be returned, if necessary, without new papers. This encourages friends to undertake earlier removals than they would otherwise undertake.

I do not know of any medical reason for a change in the methods of discharge. It would seem that there might be some legal reason why a commitment on the ground of insanity should be terminated in accordance with fixed legal forms, but this would seem to be a matter for lawyers to determine.

Dr. R. J. PATTERSON, Superintendent Bellevue Place, Batavia, Ill., writes :—

COMMITMENT. This being an institution for patients of a private class, no blank forms of commitment have been required or issued from this place. Patients are committed upon the verdict of a jury and an order from the county court, and under forms provided by the county.

1. No sane person has been committed to my care who has been legally declared insane.

2. I will here enclose copy of "open letter" which was written nine years ago to the Board of State Commissioners of Public Charities of the State of Illinois. I have not seen cause to change essentially the opinions therein expressed.

DETENTION. 1. The conditions of discharges are as follow: When patients have recovered, we send them home. Others may be removed by their friends at any time.

2. In regard to the number of inmates "who no longer require asylum care," we have no such inmates.

Dr. O. EVERTS, Superintendent Cincinnati Sanitarium, College Hill, Ohio, says :—

The Cincinnati Sanitarium is a private hospital admitting about 150 insane persons annually, without legal commitment, the directors requiring sworn certificates of two reputable physicians, as a basis. No effort has

been made to secure the admission and detention, as insane, of a sane person since I have been in charge, eight years. The safeguard against improper detention of persons in insane asylums is the character of the medical officer. This being insufficient or untrustworthy, the next best is an authorized commissioner to visit and inspect such institution.

Superintendent Longview Asylum, Ohio, says:—

COMMITMENT. 1. None.

2. None.

DETENTION. 1. Patients are discharged upon recovery.

2. None.

3. Not detained.

4. None are necessary.

5. None.

Dr. DANIEL CLARK, Medical Superintendent Toronto Asylum for the Insane, Ontario, Canada, says: —

COMMITMENT. 1. Two certificates such as I send, when legally made out, will be authority to commit. This is called the *ordinary* process.

If an insane person should be arrested on the sworn affidavit of any person that such is insane, the insanity has to be proven to the satisfaction of the county judge, the gaol surgeon, and one other legally qualified medical practitioner. Their statements are forwarded to the provincial secretary. If they are satisfactory to the government, then is such person sent to an insane asylum. This is called the *warrant* process.

The former class can be discharged by the asylum authorities at their discretion. The latter class can only be discharged by the Lieutenant-Governor on the recommendation of a medical superintendent.

2. About half a dozen in twelve years have been committed here who were not insane. These were of two classes: —

(*a*) Old persons who were childish from senile decay.

(*b*) Criminals who became malingerers to escape from hard labor.

I omit from this estimate the dipsomaniac and opium-eater.

3. Our system is very good, and is modelled after the British law on this question. It is simple and effective. It gives all necessary safeguards to the people, and provides for prompt action in the disposal of the insane.

DETENTION. 1. I have answered this question already. We can allow any patient out on probation in the charge of any near relative or responsible friend. This trial may extend for six months, but no longer legally. With the exception of *warrant* cases, no formality is needed to discharge. I will send you our form in respect to warrant cases.

2. The estimate can only be an average, as many who may be quiet and orderly for years break out into mania or at least into disorderly conduct, and become noisy and foul in language. Out of 703 in this asylum, I might say 400 would be safe to be with friends, had such relatives proper accommodation and oversight for such.

3. The chronic and quiet are better under State care and supervision, because such are better cared for, better housed, better fed and clothed than they would be in any other way. The experience of the past shows what the condition of the insane would be, were they left to the tender mercies of relatives or to the voluntary oversight of the public. In asylums, as a rule, they are comfortable, contented, and kindly treated. I know of no better provision which could be made for them than some such refuge or asylum, whose administration should be responsible to the State. I have no faith in municipal oversight. Municipal bodies are usually composed of niggardly and narrow-minded men. The question with them is not efficiency, but how cheaply can a poorhouse for the insane be maintained. Ignorant, brutal, or aged people, who may be pot-house politicians, are put in charge of these unfortunates,— hence, ill-usage, immorality, and neglect. There are exceptions, but experience shows this is the rule.

4. Hence, it is evident that a village of cottages under good oversight is the best provision for quiet chronics. These cottages should be substantial, comfortable, and should not cost over $250 a patient. We are about to erect brick cottages, well adapted for our chronics, at that cost. It is a mistake to erect huge piles of buildings for the insane and of costly construction. Such are monuments to glorify architects, but are not conducive to the comfort and health of the inmates. I have three cottages in connection with this asylum, so I write from comparative experience. The advantages of small buildings over three and four storied buildings is so patent that a comparison of the different plans is not necessary.

5. This question has been already answered.

Dr. J. RUSSELL, Superintendent Asylum for the Insane, Hamilton, Ontario, Canada, says: —

1. None.

2. The present procedure of commitment, I think, leaves little to be desired, provided the accommodation for the chronic insane were increased. A form of affidavit attached to the form of history, making the party supplying the information swear to its correctness, would be an additional safeguard, however.

1. There are two modes of commitment to our asylums: first, by certificate,— that is, on the certificates of two registered medical practitioners, the forms for which are issued by the asylum after a form of history, previously applied for, has been properly filled up and returned; second, by warrant. Here the patient is sent to gaol by a magistrate on affidavits of friends or neighbors that he is insane and dangerous to be at large. These affidavits, with certificates of insanity from two registered medical practitioners, are sent to the Provincial Secretary, and on them the Lieutenant-Governor issues a warrant ordering the removal of the patient from the gaol to the asylum, there to be detained until his discharge is directed by him. The first class of patients can be discharged directly by

the medical superintendent at any time he considers them recovered or safe to be intrusted to the care of their friends. The second class is discharged only by warrant of the Lieutenant-Governor, which is issued on a certificate of recovery, or sufficient improvement, signed by two of the asylum medical doctors.

2. About 28 per cent. of the present population, which is 625.

3. First, many of them have no friends to take charge of them or homes to go to, and are not able to earn their own living. Second, the liability to a recurrence of acute symptoms. Third, many patients, when freed from asylum surroundings and discipline, very soon undergo a change in habits quite unfitting them to be at large.

4. The erection, as cheaply as consistent with health and comfort, of large groups of cottages for the chronic insane, at some central point or points. Each of these institutions to be provided with the necessary staff of physicians and attendants, which, however, need not be nearly so extensive as for an asylum which receives acute cases. In case of an outbreak of acute insanity in any of these cottage patients, they could be sent back to one of the main asylums, for which purpose the group of cottages should be located near one of them; or each group could be provided with a small special cottage for the temporary reception of such cases, which, however, I judge could not be of frequent occurrence.

5. I see no reason for change in any of these respects, unless it be to extend the provisions of the act relating to the sending out of patients on probation. At present, the medical superintendent can only send a patient out on trial when he thinks it will be conducive to his recovery. This should be so amended as to allow him to send out patients of a chronic type, in order to judge whether they will get along with their friends, prior to discharging them though not recovered, if friends are willing to take them, and they be not dangerous to themselves or others.

A. P. REID, M.D., Superintendent Nova Scotia Hospital for the Insane, Halifax, says:—

1. We have (and have had) no sane person in this hospital.

2. Our method of commitment is satisfactory.

1. Patients are discharged on the recommendation of the superintendent.

2. We have no such patients, but the ordinary run of chronic cases.

3, 4, 5, included in above.

Dr. J. T. STEEVES, Superintendent Provincial Lunatic Asylum, St. John, New Brunswick, says:—

COMMITMENT. 1. Almost never is a sane person committed. Having happened, after being under observation short time, sent out.

2. Only change we desire is to expunge word "dangerous."

DETENTION. 1. "Whenever, in the opinion of the medical superintendent, restored to sound mind," friends may remove.

2. None.
3. No answer.
4. No answer.
5. No answer.

Chronic, incurable cases, such as are suitable, domicile in cottages on a farm. We have a (receiving) hospital, and "Annex" on large farm adjoining, for residue, under same management. Approve of it. See reports.

SCHEDULES.

A

INFORMATION OF INSANITY.

To Hon. Esquire,
one of the Justices of the Peace of the Town of ,
in the County of , State of .

SIR, — Your informant respectfully represents that one

now in said county, is insane and a fit subject for custody and treatment in a Hospital for the Insane, as he verily believes; and he therefore asks that the necessary steps be taken to investigate condition, as the law provides in such cases.

B

COMMISSION TO PHYSICIAN.

State of }
County. } Office of the

To , a legally qualified Physician and
Examiner in Lunacy, of County, State of .

Information in due form of law having been laid before me, alleging that one

is found in said County insane, and is a fit subject for custody and treatment in a Hospital for the Insane, you are hereby appointed to visit or see said person, and make a personal examination touching the truth of such allegations, and touching actual condition.

Accepting this appointment, you will proceed at once to make such examination, and forthwith report thereon to me, at this office, as the law

requires in such cases, for which purpose the necessary blanks accompany this Commission.

Witness my hand and official seal hereto attached, this day of 188 .

C

RETURN OF PHYSICIAN.

To the Hon.

Sir, — Pursuant to your Commission to me of the date of 188 , I have this day seen

the person named in said Commission as insane, and have made a personal examination in case, as required.

As the result of such examination, I hereby certify that according to my judgment said person is insane, and a fit subject for custody and treatment in a Hospital for the Insane. I also certify that I have stated correctly the answers I have obtained from the best sources within my knowledge, and from my own observation, to the interrogatories furnished, which interrogatories and answers are hereunto appended.

Witness my hand this day 188 .

M.D.

1. What is the patient's name and age? Married or single? If children, how many? Age of youngest child.
2. (*a*) Where was the patient born? (*b*) Where was the patient's father born? (*c*) Where was the patient's mother born?
3. Where is his or her place of residence (legal settlement)?
4. What has been the patient's occupation?
5. Is this the first attack? If not, when did others occur, and what were their duration?
6. When were the first symptoms of *this* attack manifested, and in what way?
7. Does the disease appear to be increasing, decreasing, or stationary?
8. Is the disease variable, and are there rational intervals? If so, do they occur at regular periods?
9. On what subject or in what way is derangement now manifested? State fully.
10. Has the patient shown any disposition to injure others?
11. Has suicide ever been attempted? If so, in what way? Is the propensity *now* active?
12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, etc.?
13. What relatives, including grand-parents and cousins, have been insane?
14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease, — any peedominant passions, religious impressions, etc.?

15. Was the patient ever addicted to intemperance in any form?

16. Has the patient been subject to any bodily disease, epilepsy, suppressed eruption, discharges of sores, or ever had any injury of the head?

17. Has any restraint or confinement been employed? If so, of what kind and how long?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars and the effects.

20. State any matter supposed to have a bearing on the case.

21. State physical condition of patient,—appetite, sleep, etc.

22. Special reasons for recommending commitment.

Address of friend to whom reports and telegrams may be sent:—

D

RETURN OF A JUSTICE OF THE PEACE TO THE JUDGE OF A COURT OF RECORD.

To the Hon. , Judge of the Court,
in the County of , State of .

Sir,—I transmit herewith to you two medical certificates of insanity, in the case of , in the Town of , in the County of , State of , made respectively by M.D., and M.D., Medical Examiners in Lunacy, qualified in accordance with the laws of this State, and acting under Commissions severally issued by me. I hereby certify to the correctness of these certificates and approve of their finding, which I have verified by a personal examination of said

Justice of the Peace.

18 .

E

ORDER OF COMMITMENT.

State of } Office of
County. }

To the Superintendent of the for
the Insane,

On the receipt of the certificates of two duly qualified Examiners in Lunacy, transmitted by , Esquire,

one of the Justices of the Peace of the Town of , in the County of , certifying to the insanity of

of the Town of , and approved by the said Justice, by whom said was personally visited and examined, I have seen and examined said respondent alleged to be insane, because it was not deemed necessary or advisable to do so, for the reason that

and said respondent has been duly notified of proceedings taken in h case, and of the time and place appointed for hearing, and had an opportunity to be heard thereon. The motion to take farther testimony or to have a jury summoned was denied for the following reasons: —

It appears to me, upon a full hearing and consideration, and upon evidence, statement, and certficates required by law, that said respondent is an insane person, and a proper subjcct for the treatment and custody of , a State lunatic hospital; and I so find. Therefore, it is ORDERED that *he* be committed to the , there to be detained until discharged according to law.

Justice of the .

F

WARRANT TO REMOVE TO HOSPITAL.

This warrant, with the custody of the said

is delivered to for execution.

Given under my hand, with my official seal attached, this day of 188 .

G

RECEIPT OF SUPERINTENDENT.

ASYLUM FOR THE INSANE,

188 .

I have this day received the above-named patient, with a duplicate of this warrant and the Physician's return in the case, at the hands of attended by .

Witness my hand, with the seal of this Hospital hereto affixed.

Superintendent.

H

RETURN OF SHERIFF OR SUBSTITUTE.

I received this warrant on the day of its date, and taking to my assistance at once executed the same, as shown by the foregoing acknowledgment of the Superintendent of the Hospital.

Amount advanced to me for my expense,	$		
Total actual expenses,	$	My own time	hours, $
Difference,	$		

Witness my hand this day of 188 .